Learning through Storytelling in a Children's Hospice- A Study of the Perspectives of the Storyteller and the Listener in Schwartz Rounds

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MA in Learning & Teaching

National College of Ireland

2018

Submission of Thesis and Dissertation

National College of Ireland

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Abstract

Background:

The aim of this study was to examine the impact of Schwartz Rounds, a storytelling forum for providing staff emotional support, on the storyteller, the listener and the wider staff population within a children's hospice.

Methods:

A series of semi-structured interviews were conducted with staff exploring the impact of Schwartz Rounds on both the storyteller(panellist) and the listener (participants) in the Round. The key themes were extracted using Grounded Theory.

Results:

Analysis of the results revealed that the Rounds were an important addition to the range of staff supports in the hospice. The stories fulfilled several roles – to allow both teller and listener to interpret past and anticipated experience; to pass on knowledge; to entertain; to reflect; to learn and to bring about individual change. The storyteller perspective of the Rounds moves through three distinct phases-; the Pre-Round, during the Round and Post-Round, each with a respective set of characteristics. The listener's perspective centres on learning to speak at a different level in the workplace; all stories are not equal; seeing the person behind the role and personal growth and development. Both storyteller and listener share a perspective where storytelling is seen as a performance; the Rounds are fostering connection and community, building resilience and trust and changing organisational culture.

Conclusion:

Learning through storytelling using Schwartz Rounds at LauraLynn, Ireland's Children's Hospice appears to be effecting a change in behaviour on the part of the storyteller and the listener and consequently producing a positive impact on staff wellbeing and

organisational culture. This safe, tightly structured space that staff enter for one hour and share stories, creates a resonance that permeates across culture and collegiality in the organisation. This results in increased empathy, tolerance and connection between staff members.

Introduction and Background to the Study

LauraLynn, Ireland's Children's Hospice, provides respite and end of life care for children with life limiting conditions and residential care for young adults with intellectual disabilities. Currently staff numbers of 140 people are employed across a number of disciplines within the organisation, both within a clinical and a non-clinical sphere. Providing excellent care to children with an intellectual disability or with a life-limiting condition, in a way that embodies the organisational values of 'family, life and care' is the overarching goal sought by all staff within LauraLynn, Ireland's Children's Hospice. However, reaching this goal can be challenging both physically and mentally and can take an emotional toll on staff wellbeing. Thompson (2013) notes that hospice nurses were the first group of healthcare staff to have some of their experiences described as 'compassion fatigue' which can cause an individual to become 'unable to distinguish between their own emotions and those of patients'. This can result in nursing staff becoming emotionally fatigued and consequently unable to deliver excellent patient care, potentially leading to burnout (Bodenheimer and Sinsky,2014).

Compassion fatigue impacts on the care giver's physical and psychological wellbeing (Lombardo and Eyre,2011), and gives rise to 'emotional labour' on the part of staff where they 'suppress private feelings in order to show desirable work-related emotions' (George, 2016). If this pattern of behaviour continues over time, the conflicting emotions can lead to emotional strain and increased risk of burnout, resulting in a negative impact on staff wellbeing, organisational culture and can lead to high staff turnover. Hayes (2017) found that one in three doctors working in Ireland have experienced burnout, while one in ten admit to having suffered severe levels of depression, anxiety and stress. To cope with stress, one in ten

drank alcohol to excess occasionally and 10% of the respondents smoked. Furthermore, Carney (2011) in her study on culture in the Irish healthcare environment revealed that participants in her research often lacked a sense of collaboration and trust in each other's roles and responsibilities.

In the wake of a series of staff surveys and service evaluations, LauraLynn Hospice identified a need for the improvement of staff well-being, along with the quality of compassionate care provided to service users and their families. This was in tandem with a desire to create a more open, less hierarchical organisational culture. To this end the hospice offers a variety of supports to staff to develop and maintain emotional and psychological well-being, ranging from emotional debriefing to clinical debriefing, clinical supervision and psychological support. In 2016, the hospice introduced the Schwartz Rounds in liaison with the Point of Care Foundation as a means of providing additional support to staff. At present 14 Rounds have been facilitated at the hospice during 2016-18 and the impact of the Rounds on the staff in this organisation is the subject of this study.

What are Schwartz Rounds?

Schwartz Rounds (Rounds) were developed by the Schwartz Center for Compassionate Healthcare in Boston, USA in 1997 as a format for providing a framework to support and develop the emotional well-being, resilience and communication skills of staff working in healthcare environments. The Schwartz Center was established in 1995 in memory of a Boston attorney, Kenneth Schwartz who when being treated for terminal cancer, observed how the moments of kindness and compassion shown towards him by healthcare staff 'made the unbearable bearable' (1995). The premise of the Rounds is that by showing compassion towards ourselves and our colleagues, we can improve patient centred care. Piloted in the UK by the Kings Fund in 2009-10, Schwartz Rounds had their status boosted

by the Francis Report (2013) which recommended them as a means of improving staff compassion and patient care. Francis (2013) spoke of greater efforts needing to be made to bring all teams in a healthcare setting closer together with the ultimate goal of there being 'one team for the patient'.

Although the concept of rounds follows a signature pedagogy (Shulman, 2005), within the medical profession, Schwartz Rounds are unique in their focus on the human and emotional aspect of medicine and not on reflective problem solving, which has traditionally been the focus of medical rounds. They are modelled on the format of a Grand Round which is held monthly in many hospitals, with the purpose being for a clinical team to present and discuss a patient case study with the aim of receiving feedback and discussion on the treatment plan with peers and colleagues (Wren, 2016). Schwartz Rounds turns the attention on to the healthcare staff themselves and encourages reflection on the personal experience of providing care.

How do they Work?

Schwartz Rounds are a multidisciplinary, monthly forum where a panel of 3-4 staff members (panellists) each tell a personal story on a nominated topic such as "A Patient I will Never Forget" or a short account of a personal experience of delivering patient care and its emotional and social impact on them. This is done in a traditional, oral storytelling manner without any visual or technological aids and with no interruptions. Following the storytelling, the discussion is navigated by trained facilitators who guide the audience to reflect on their own feelings, emotions and share experiences. All staff from all parts of the organisation, both clinical and non-clinical and at all levels within the organisational hierarchy are invited to attend. The process is tightly structured and lasts for one hour, preceded by refreshments and an opportunity to socialise in an informal manner. The provision of refreshments prior to

the Round is integral as it is a tangible demonstration of the organisation showing care for the carer. Reflection and having a protected counter-cultural space to pause, reflect and discuss the emotional challenges of working in a healthcare environment during the working day is one of the key focus areas of the Rounds. Both clinical and non-clinical staff are enabled to pause during the hectic working day and reflect on the emotional and social toll of providing compassionate care.

The success of the Rounds in the US and the UK is well documented. Research demonstrates that staff felt more conscious of the effects of illness on patient's lives and more compassionate toward patients and their families, resulting from regular attendance at Rounds Lown and Manning (2006), Goodrich (2011), Mullick et al (2013), Maben et al (2018). Participants have also asserted that Rounds gave them a better appreciation for the roles and contributions of their colleagues, Lown & Manning (2010), Goodrich (2012), Chadwick et al (2016), Maben et al, (2018). Other studies have demonstrated better teamwork (Lown & Manning), an improvement in institutional culture (Depolitti et al, 2014) and increased self-reflection on the part of care givers (George, 2016). A recently published longitudinal study by Maben et al (2018), of 500 participants in over 60 organisations in the UK, reported that the psychological wellbeing of staff who attended Rounds significantly improved. Among staff who regularly attended Rounds, poor psychological health decreased by 50% - from 25% to 12%.

Why Undertake this Study?

To date quantitative feedback from post-Round evaluations in the Hospice during 2017, has supported the findings of previous studies with 87% agreeing (somewhat or completely) that the Rounds help them to work better with colleagues and 71% saying they have a better understanding of how colleagues feel about their work (*figure1*). The qualitative

feedback has contained mainly comments on the quality and effect of the stories shared by the panellists e.g. ‘very relatable and made me reflect personally and professionally’ and on obtaining a greater understanding of team roles and team purpose ‘very interesting & thought provoking; learnt more about myself and colleagues’. However, these observations merit further investigation to understand the exact nature of the impact that the stories are having on participants, both during the Round and in their post-Round working environment.

As the organisation had invested considerable resources, both financial and human, in the establishment and implementation of the Rounds, the present study is timely as the contract for the Schwartz Rounds is due for renewal. Furthermore, the researcher has been an integral member of the project team, both as a Facilitator and as a Mentor for HSE sites new to Rounds and as a learning specialist is motivated to explore the power of narrative pedagogy within the workplace.

The Literature Review

Definition & Structure of the Literature Review

Although the Rounds have been alternately described as a psychological intervention (Wren, 2016), a multidisciplinary forum for group reflection (George, 2016), a model of reflective practice (Gishen et al, 2016), an 'organisation-wide forum to discuss emotional, social or ethical challenges' (Maben et al, 2018) and 'a practical tool' (Robert et al, 2017), they are underpinned by various learning theories. Much of the current body of research on the impact of the Rounds has focused on their nature as a psychological intervention or a forum for group reflection, however, this study aims to consider their impact through the lens of an educational approach. Therefore, the literature review will focus on the nature and impact of the Rounds within a learning and development context.

Shuell (1986) defined learning as "an enduring change in behaviour, or in the capacity to behave in a given fashion, which results from practice or other forms of experience" (p. 412). Illeris (2002) defined learning as "any process that in living organisms leads to permanent capacity change and which is not solely due to biological maturation or ageing" (p. 3). In this study learning will be defined as a change in behaviour or knowledge, the change must be enduring, and the change must result from practice or experience. Storytelling will be defined as a social activity that Bruner (2002) describes as a fundamental structure of meaning making, identity formation and development. The key protagonists in the Rounds are the Storytellers (panellists) and the Listeners (participants) and it is the perspectives of each cohort that this study aims to analyse. The term 'study' according to the Oxford English Dictionary is ' a detailed investigation and analysis of a subject or situation' and 'perspectives' is defined as 'particular attitude towards or way of regarding something; a

point of view'(OED). Therefore, this literature review will consider the enduring change in behaviour that is brought about by storytelling, which is a social structure and a vehicle for meaning making, identity formation and development. It is the detailed examination of the attitude towards the Rounds on the part of the Storyteller and the Listener and the possible change (be it a change in knowledge, attitude, perception or otherwise) that the Rounds appear to be facilitating through the vehicle of a storytelling forum within the hospice, that is the research question at the heart of this study.

It follows that to explore the research question in sufficient detail, the literature review will address the following areas – learning theories underpinning the Rounds and within the general context of healthcare education; storytelling as a form of learning; the use of storytelling within an organisational context; storytelling within a healthcare context; the impact of storytelling on the teller, the listener and on the organisation with reference to previous studies of Schwartz Rounds.

Learning Theories underpinning the Rounds

Much of the existing studies on the Schwartz Rounds focus on the psychological aspect of the process (Maben et al, 2018, Goodrich, 2011, Lown & Manning, 2010) however this study proposes that the Rounds are also a learning process and are underpinned by various learning theories. The Rounds form part of a signature pedagogy of the medical profession which Shulman (2005) defines as a method of teaching that has become inseparably linked with preparing people for a particular profession. According to Shulman a signature pedagogy possesses three main characteristics; firstly, it is distinctive in that profession, secondly, it is prevalent within the curriculum and thirdly that its omnipresence is essential to the general pedagogy of an entire profession as elements of education and socialisation. Schwartz Rounds fulfil much of the criteria of a signature pedagogy in so far as

they are routine (a monthly occurrence), offer rules of engagement (they have certain conditions attached to them), but differ from the usual medical Grand Round as participant contribution is elective, anonymity is an option and they do not place an emphasis on action. Furthermore, the traditional medical rounds are not always successful in modelling desired behaviours, often having the opposite effect. Sanghavi (2006) and Lown and Manning (2010) write about a 'hidden curriculum' in healthcare education, "that which is learned by watching what teachers and clinicians do, rather than by merely listening to what they say continues to undermine compassion, collaboration, communication". This would indicate that role-modelling is not always a positive influence within the healthcare professions, often displaying behaviours that are detrimental to providing compassionate care and the Schwartz Rounds provide a space to address this issue (Lown and Manning 2010), (Goodrich,2011), (Mullick et al 2013), Maben et al (2018).

Learning can be an individual activity as demonstrated in the work of Piaget (1968) and it can also be a social activity as established in the work of Vygotsky (1926), Dewey (1933), Lave and Wenger (1991). The Schwartz Rounds are a form of social learning. Vygotsky described human interaction with the environment as being an 'activity' containing goal-directed endeavours which take place in a social scope, enabling learning to take place within a social and communicative context. Although the main aim of Schwartz Rounds is to create meaning by 'opening a space within which there was no requirement to be productive' (Wren, 2016), several studies have referred to how Rounds have helped participants to develop a sense of connection and shared purpose within interprofessional teams, (Goodrich 2012, Lown & Manning 2010), and increase compassionate care (Maben et al, 2018) thereby suggesting that they are a goal focused activity. However, the size of the group may create barriers; Gishen et al (2016) have referenced how the size of the group present at the Rounds

may be a deterrent to open disclosure with medical students feeling uncomfortable sharing their personal stories and feelings in front of a large group of colleagues.

The Rounds belong to a constructivist learning paradigm where new experiences are assimilated with prior knowledge, to construct new information and understanding of reality as demonstrated in the work of Piaget, Vygotsky and Dewey. Several studies refer to how the Rounds prompt a change in perspective on the part of the participants (Reed et al, 2014, Depolitti et al 2015). Furthermore, Bruner (1966) described the role of an ' experienced other' in facilitating the Zone of Proximal Development for the learner, in terms of 'scaffolding'. This asserts that for instruction to be effective, it needs to be pitched beyond the current level of the learner. Scaffolding can contain instructional techniques such as modelling, feedback, structured discussion and allows the learner to move into a stretch zone of mental, physical or practical ability. The Rounds are a tightly scaffolded forum navigated by trained facilitators, where Wren (2016, p.49) describes facilitation as the 'hinge on which the whole enterprise of creating new pathways to connection swings' and which enables the participants (i.e. learners) to 'create new spaces for different conversations to take place in healthcare organisations' (Wren). The role of the facilitator is to challenge the learner to move in to the stretch zone of considering the emotional impact of providing healthcare, when traditional medical education focuses on tangible outcomes.

The Rounds fulfil the criteria of a community of practice. According to Lave & Wenger (1991) participants in a community of practice belong to a shared field of interest or issues and share a repertoire of techniques, tools and experiences which enables them to build relationships and discover the value in the exchange of knowledge and information which can then be used in practice. Rounds embody these characteristics and have been described as a community activity (Barker et al, 2016) and as a community of practice (Reed et al. 2014).

The Rounds also follow an andragogy described by Knowles (1984), illustrating how adults are most interested in learning content that has relevance and impact to their immediate life. Knowles also suggests that adult learning utilises knowledge and life experience, connecting past experience with current practices and thrives in collaborative learning opportunities. Sankowsky (1998) asserts how 'ultimately experience is the adult learner's story'. The stories presented by the panellists in the Rounds are crafted from real-life events, patient cases and past experiences. Illeris (2004) discussing the three dimensions of learning suggest that all human learning necessarily involves a cognitive, an emotional and a social dimension – the Rounds contain aspects of all three elements.

The Rounds can be transformative. Mezirow (2009, p.22) defines transformative learning as "learning that transforms problematic frames of reference to make them more inclusive, discriminating, reflective, open and emotionally able to change". Mezirow's theory suggests that a learner's interpretation of an experience creates meaning which in turn leads to a change in behaviour, beliefs or mindset. Cranton (2002), writing about teaching for transformation asserts that it is an "environment of challenge that underlies teaching for transformation" and describes how an 'activating event' such as a provocative statement, or a story told by a peer can be the catalyst to cause the adult learner to challenge his/her beliefs, assumptions and perspectives and encourage critical self-reflection. Evidence of this can be found in several studies of the Rounds where participants have referred to the forum as enabling participants to undergo a change in perceptions (Reed et al, 2014), (Depolitti, 2015), however this concept of the Rounds being transformative merits deeper investigation and is an aim of this study.

Reflection and reflective practice also form an integral part of the Schwartz Rounds and are a keystone of healthcare education. Rounds have been described as a multidisciplinary forum for group reflection (George, 2016) and as a model of reflective

practice (Gishen et al, 2016). Dewey (1933) postulated that learning from experience is enriched by reflection on experience and Schön (1987) advocates that reflective practice is instrumental in improving professional performance. Quinn (2000) states how individual reflective practice in nursing is more than just 'thoughtful practice' as it can progress to a 'potential learning situation' (p567). However, according to Quinn (2000) the types of individual reflective practice strategies employed in healthcare settings tend to be either founded on Boud, Keogh and Walker's Model of Reflection (1985) or Gibbs Reflective Cycle (1988) both of which focus mainly on the actions and behaviours adopted in a particular situation, rather than the emotional aspect. This reinforces the traditional problem-solving approach taken in healthcare education. Edwards (2014) concurs adding that a large part of nurse education is dominated by reflective practice that is influenced by theory and not practice. Other reflective strategies employed in healthcare may be reflective writing or critical incident analysis, again with the focus being on outcomes and not feelings. However, Gishen et al (2016) found in a literature review of 29 articles concerning reflective practice in healthcare professionals that when reflection was shared with colleagues it was more effective. The same study found that medical students preferred the group reflective practice forum of Schwartz Rounds to their current reflective practices due to the multiple and varied perspectives and insights that a group activity can provide. Gishen et al, surveying medical undergraduates also found that the Rounds stimulated more self -reflection than having to submit an essay.

The Rounds enable critical reflection which according to Cranton (2002) is "the means by which we work through beliefs and assumptions, assessing their validity in the light of new experiences or knowledge, considering and examining underlying premises". This can be achieved by talking to others, trading opinions and ideas, while also benefitting from support and encouragement – all characteristic of the Rounds. Gishen et al (2016) refer to

several initiatives that have been introduced in to the UK medical curriculum that aim to promote critical reflection, empathy and compassion i.e. Balint Rounds (which are facilitated small groups of healthcare professionals to discuss emotionally challenging cases), but unlike the Schwartz Rounds they are not open to all employees. Clinical supervision is another support that Quinn (2000) describes as a peer support initiative for practitioners in clinical settings with the aim being to enable the individual to "develop knowledge and competence, assume responsibility for their own practice "and can take place on an individual (most common) or a group basis. Quinn cautions that for clinical supervision to be effective a climate of mutual trust needs to be established between individual and their supervisor, as otherwise it may be seen as a form of 'amateur psychotherapy' or a 'covert means of disciplining staff for inadequate practice'(p430). Clinical supervision is available to healthcare staff only and focuses on outcomes whereas Rounds are open to all staff and focus on emotions.

Emotional debriefing is also an intervention that can be offered to staff in small groups to assess the impact of an event and to provide staff with emotional support. It focuses on emotions and not solutions but is accessible only by healthcare staff and not the wider organization. 'Compassionate conversations' (Gardner & Bray 2014) follow a similar concept to Schwartz Rounds, but are held in smaller groups, in an informal setting, are open to all staff and initiate discussions with a warm-up activity in pairs followed by a facilitated group discussion loosely based on a predetermined theme. This concept is relatively new to the medical community and has had positive feedback to date, but evidence is not yet clear if this ensures sustainability.

The primary focus of the Rounds is on staff's emotional response to the challenges of healthcare which appears to be unique in healthcare education. Much of the healthcare curriculum focuses on the technical skills of clinical practice and less on the emotional and

social aspect of patient care. Yu Liu et al (2014) explain how traditional lecture methods can teach students about the 'concrete physical characteristics of end of life patients' but not the 'patients experience and psychological needs'. She advocates that storytelling can help the student to think further about the 'insights, ideas, feelings and experiences that remain'. In nursing education, emotional learning is often ignored with meeting learning outcomes taking precedence (Edwards, 2014). Boud et al (1993) discuss the impact of the omission of feelings and emotion in higher education with its emphasis on instructional strategies that focus primarily on intellectual development. Barker et al (2016), refer to how the more 'technical aspects of the ideal package of behaviours' in relation to healthcare education seem to be prioritised in curriculum planning at an undergraduate level rather than the professional behaviours such as "integrity, compassion, altruism, continuous improvement, excellence and good team working". Gishen et al (2015) found that medical students should be encouraged to reflect on their practice and not be so 'examination centric'. In terms of this study it would indicate that there is a gap in the current healthcare curriculum for a teaching and learning strategy that can address this deficit in emotional learning. Goleman (1995) refers to how we are now being measured by a new yardstick in the workplace – our E.Q. or Emotional Intelligence- which is equally important to our I.Q. (Intellectual Quotient).

Storytelling as a form of Learning

The Rounds have been described as a forum where 'the story is the engine' (Wren, 2016 p43). Boje (1991) defined story as an 'oral or written performance involving two or more people interpreting past or anticipated experience'. Temple and Gillet (1989) defined stories as devices that help the listener to 'make sense of the random and inexplicable happenings of everyday life'. One of the oldest forms of social learning and of passing on knowledge has been in the form of story. Hopen (2006) says that storytelling is 'common to all civilisations'. Throughout history and from childhood onwards, stories and storytelling

form an integral part of how people learn and can be a powerful tool for transition (Parkin 2004). They may be used by 'nomadic tribes passing on cultural values' to 'community storytelling or by a shaman or pundit sharing wisdom through story to encourage learning' (Parkin 2004, p1).

In an Irish context the art of storytelling is world renowned with the ancient Gaelic fables and legends passed down through the generations. From the legends of Cuchulainn and the Salmon of Knowledge to Peig Sayers and her account of life on the Blasket Islands, storytelling forms a fundamental part of every Irish childhood. The seanchai, a traditional Gaelic storyteller was an esteemed member of the clan and part of their role was to keep track of valuable information for the tribe. Before these stories were committed to paper, the history and lore of the tribe was recited orally in long lyrical poems. A seanchaí without a story was as in the old Irish proverb 'as welcome as a drop of holy water in the Devil's whiskey'. Tamara McCleary (2016) explains how Helena Byrne, a present day seanchai enthuses about the power of storytelling as it "enables you to take them (the audience) on that journey of adventure, empathy, sorrow and joy. There is undoubtedly a significant power in that." Kearney (2007), describes how the great folk stories and sagas of Irish history were a way in which people explained themselves – to themselves and others.

Historically, there have been many uses for story with Polkinghorne (1988) describing story as a large tent with many usages under that tent. Moon (2010) illustrates how stories were used for entertainment, to persuade, influence and change minds and how the brothers Grimm collected stories to promote nationalism in Germany in the early 19th century. Hopkins (1994, p.10) explains the power of stories in adult education as an experience-based, constructivist pedagogy where learning occurs "out of our impulse to emplot or thematise our lives". The learner assimilates new knowledge with lived experience and connects it with existing knowledge to construct new levels of meaning. Caminotti and Gray (2012)

discussing the contribution of Fisher (1987) speak of how we tell stories to "give order to human experiences and to induce others to dwell in them in order to establish ways of living in common". According to Mc Drury & Alterio (2003) stories can provide a vehicle for disclosure as they allow us to "convey through the language of words aspects of ourselves and others and the worlds real or imagined that we inhabit". They also describe how one of the key strengths of storytelling is the ability to permit the educator to 'acknowledge, value and draw on the emotional realities of students' lives' (2002). Moon (2010) cites several purposes for storytelling in a social context, from communication to facilitation of learning and as a means of developing the skills of oral presentation. She also explains how by telling a story one can "bring order and completion to experiences, solve problems and it enables the development of a sense of perspective with regard to the event". Wren (2016) describes how the storytelling nature of Schwartz Rounds link narrative psychology and reflective practice within a large group organisational context. Therefore, from the literature it would appear that storytelling has the ability to ensure the passing on of knowledge, give order to or make sense of an experience, be a tool for transition, a mechanism to persuade, a tool for reflection or to influence or change minds. This will be a key factor for this present study.

Storytelling in an Organisational Context

Stories have been used frequently to encourage change in organisational life, with Boje (1991) describing stories as "the blood vessels through which changes pulsate in the heart of organisational life". Caminotti and Gray (2012) describe storytelling in organisations as a "powerful tool for communicating complex ideas and persuading people to change" and that they create a 'community of practice in the workplace'. Ford and Ford (1995) propose that stories are conversations that can lead to deliberate change within organisations. Stories can also provoke an empathic response on the part of the listener and the vivid retelling of a personal story can create a more impactful response than a simple factual description of an

event. Stories can be used as a covert way to drive organisational change - Kotter's (2006) book "Our Iceberg is Melting" is a simple story containing a powerful message about the fear of change and how to motivate employees in turbulent times. Denning's (2004) "Squirrel Inc.: A Fable of Leadership" is a similar treatise on storytelling and leadership. Denning (2001) wrote about the benefits of the 'springboard story' in an organisational context; these are stories that are developed to cause the listener to construct a personal story that can result in personal and organisational change.

Storytelling can also be used in organisations to develop inter-professional learning, sharing information and experiences which can lead to an improvement in sharing of knowledge, collaborative working and in the quality of care (Sargeant, Hill & Breau, 2010), Hughes (2015). Case studies, role plays, scenarios, simulations are all narrative strategies employed by adult educators in an organisational context to bring about learning. According to Neuhauser (1993) stories are effective as educational tools within organisations as they are entertaining yet credible and memorable. However, Senge (2006) cautions that for the dialogue to be meaningful in an organisational context then the most senior person must be able to be released from their privileged position of 'their views prevail' in the same way as junior person should not withhold their view as they feel insecure with disclosure. For this reason, and to enable storytelling to be of benefit to all, the storyteller and the listener must be freed from the constraints of a hierarchical culture. A feature of the Schwartz Rounds is that they are inclusive and transcend hierarchies with Wren(2016,p53) describing them as a "subtle mixture of the processing of work experience and of storytelling and performance."

From the literature it would appear that the uses of story in an organisational context are many – from driving organisational change to skill development, knowledge management and encouraging disclosure for honest conversations on organisational culture. One of the causal mechanisms that enable the Rounds to work according to Maben et al (2018) and

(Wren 2016) is the climate of trust that is created within the Round enabling an honest exploration of the meaning of working in healthcare within the challenging organisational context that it is sometimes taking place. Some of the studies on Rounds have alluded to a positive 'culture change' within organisations that have adopted them (Deppoliti et al 2015), (Lown & Manning, 2010). Furthermore, some studies have described how witnessing the vulnerability of a panellist, enabled the audience to experience colleagues on a human level as well as an organisational level, which suggests that the Rounds may promote a less hierarchical working environment (Pension, Schapira, Mack, Stanzlar and Lynch 2010), Francis (2013). In terms of the organisational impact of the Rounds, Depolitti et al (2015) uncovered six themes that emerged from their qualitative research using focus groups – culture change, exposing emotions, walking in another's shoes, inequality of topics, influence of rules and boundaries and personal impact. This will be an area of particular interest in this proposed study.

Storytelling in a Healthcare Context

Storytelling is used frequently as an educational tool in healthcare but mostly in a written narrative context-; Case studies, simulations, role plays, scenarios are often used as part of clinical education. According to Edwards (2014) story has been used in nurse education for many years but predominantly in personal reflective diaries and learning journals that are based on theoretical practice and not shared in a social context. Edwards argues that this is a pity as the use of story has value as a powerful illustration of real life clinical practice experiences and is important to allow for the expression of emotions. Bailey (1998) suggests that the use of judgement in decision-making is often best taught with reference to real situations and story provides a means of working with real or life-like situations in the classroom. Edwards (2014) explains how nurses are expected to display emotions such as concern, empathy etc. but they must be controlled expressions and respect

professional boundaries. This resonates with George's (2016) concept of emotional labour where "service workers are routinely subjected to regulation and control of their feelings, emotional expression and personality". This can in the longer-term lead to emotional burnout. This will be of interest in this study. Calman (2000) suggests that the real stories of teachers, other nurses and patients as well as students' own stories, may be of value- yet often 'case studies or scenarios are invented…and fail to incorporate the human element of the story'. Lown and Manning (2010) also claim that few opportunities exist within multidisciplinary teams in a healthcare environment to enhance relationships and communication, or to teach the advanced communication skills and supportive environments required. Gishen et al (2016) in a quantitative survey of medical students found that 92% agreed or strongly agreed that storytelling was an effective educational tool. From the literature, it would appear that storytelling and in particular the relation of personal, authentic stories are not currently employed to a great extent in the healthcare curriculum and could be used to greater effect in an educational context.

Impact of Storytelling -Listener

The impact of storytelling can be manifold. Moon (2010) describes how it can develop emotional learning and insight for the listener and that the stories may provide a therapeutic function either consciously or subconsciously. Storytelling also has a pivotal role in social behaviour as it "seems to create a sense of commonality and comfort among a group of people who are facing a common experience or adversity" (Moon p19). Listening to a story can create a link between the listener's personal experience and also the wider experience of others, stimulating both personal reflection and review and providing a starting point for conversations. Moon describes how the use of story might in a covert manner encourage a change of attitude in an individual and consequently a change in attitude in groups or society. Clarke (2001) observes how if the listener can identify with a storyteller

who has experienced change as a result of their story, then the listener can imagine and acknowledge the possibility of change for himself. McDrury & Alterio (2003) describe how telling stories is a means of getting to know other people and "sharing stories around a theme is a means of sharing experiences and at the same time developing empathy and understanding within a group, improving cohesion and teamwork." This would appear to be the case with the Schwartz Rounds for the listener with research indicating that it is the sense of walking in another's shoes and gaining new perspectives and empathic awareness that is valuable to the audience (Depolitti et al,2015). This study also found that some members of staff now think twice about their immediate response to others and are more likely to compliment peers. Furthermore, it found that the open, sharing and caring environment of the Rounds provided a "new lens through which to process past experience". McDrury and Alterio (2003) refer to how stories can effect a deepening of understanding in a professional development context citing how " ..there is a potential for those involved to be transformed, transfigured and transported by stories leading to a change of practice". It will be the nature of this 'change in practice' that will be of interest in this study.

Moon (2010) suggests that stories can be used to create change in the listener in diverse ways where a story told becomes an object of reflection for the listener and a catalyst for change. The Johari Window model (Luft & Ingram, 1969) illustrates a way of thinking about interpersonal communication that describes the value of feedback and self-disclosure. In this model, communication is seen to be most effective when specific aspects of one's self are admitted to consciousness and are brought into the public arena, either by feedback or self-disclosure. In a study carried out by Hill and Baron (1976) utilising a Johari Window Awareness exercise, the results indicated that increased openness had an impact on interpersonal communication effectiveness. George (2016) refers to how 'large blind spots in awareness' may be addressed by Schwartz Rounds and describes how hearing the stories

during the Rounds appear to trigger an ‘epiphany’ for many attendees. However self-disclosure needs to be balanced by a climate of trust within an organisation. Maben et al (2018) refer to trust and emotional safety as one of their nine cross-cutting themes in their context + mechanism = outcome (CMO) configurations on identifying causal mechanisms that explain how the Rounds work. This will be of interest to the researcher in this proposed study of the impact of the Rounds on staff in a children’s hospice.

The choice and impact of different story topics in the Rounds will also be an area of interest to the researcher. According to research done by Depolitti et al (2015), participants preferred the emotionally charged topics to the less controversial ones. They preferred to discuss difficult topics that gave rise to uncomfortable and conflictual feelings with strong emotions as controversy led to growth and to reconsider the status quo. The impact of the stories told in the Schwartz Rounds can vary as some topics led to greater learning, increased perspective and more growth than others (Depolitti, 2015), (Goodrich, 2011). Lown & Manning (2010) describe how the Rounds address a wide range of important topics rarely discussed elsewhere including the management of team conflict, stories of hope and miracles, and situations when the care provider becomes the patient. Gishen et al (2016) found that 92% of medical students either agreed or strongly agreed that they appreciated hearing stories demonstrating the human side of medicine. This study also revealed how the Rounds altered perspectives with participants commenting on how medics suppressed emotion but that the Rounds allowed these emotions to be heard and were allowed to see the ‘more human’ side to senior staff that they would not normally witness. Barker et al (2016) found that the Rounds “offer participants the opportunity both to share experiences and listen to others, chiming with Carl Rogers (1957) assertion that listening with empathy has the power to aid growth and healing”.

Several studies have referred to how Rounds have helped participants to enhance a sense of connection and shared purpose (Goodrich 2012, Lown & Manning 2010). There were also some reservations expressed in terms of feelings of negativity associated with the Rounds including "questioning the purpose of unearthing feelings of sadness anger and frustration". (Maben et al, 2018). This exploration of the concerns or negative feelings towards the Rounds will also be an area of interest to this researcher. George (2016) also questions whether the Rounds support staff with the 'emotional aspects of their work' as it has been hard to evidence. Few of the existing studies on the Rounds provide concrete examples of behavioural change and in many cases the opinions were not sought from staff who have never attended Rounds.

Impact of Storytelling on the Teller

For the teller, storytelling can be cathartic. Kearney (2007) describes how catharsis is one of the most enduring functions of narrative and refers to the 'healing powers' of storytelling. Aristotle in "Poetics", described the purpose of catharsis as "purgation of pity and fear". Kearney explains how catharsis as "a power of vicariousness, of being elsewhere (in another time and place) or imagining differently" enables the listener to experience the world through the eyes of strangers. Bettelheim (1976) describes how legends and folklore can heal deep psychological wounds by allowing the victims of trauma find expression for suppressed feelings. Kearney relates how narrative retelling and remembering might provide cathartic release for sufferers of trauma, with catharsis being a "balancing of opposing stances – subjective and objective, attached and detached, proximate and distance". This could also be the case with the Schwartz Rounds where the storyteller is simultaneously telling a subjective story with an objective aim, is both attached and detached to the story, proximate to the events yet looking at it with some distance. McAdam (2008) refers to how telling the story of an event may help the teller to clarify the emotional meaning of the event

but can be sometimes too unbearable to be registered or processed in the immediate aftermath of the occurrence and requires an elapsing of time before it can be dealt with in a more detached manner. Kearney (2007) suggests that "stories can be cathartic ways of revisiting blocked emotions of pity and fear" which are too big to be dealt with at the time. There has been little evidence on the nature of the stories told by the Schwartz panellists in terms of the elapsing of time between the events and the retelling and this will be of interest to this researcher.

Thompson (2013) describes her experience as a Schwartz Rounds storyteller/panellist as 'cathartic' and how interactions with peers in the days that followed the Round enabled them to express the emotional challenges they felt at times during patient care. She testifies to how vividly staff recalled events that had happened more than a year earlier and how 'staff appeared to retain strong emotions long after events'. Maben et al (2018) found that "Panellists were motivated to present for a variety of reasons including: contributing to professional development, seeking closure on a difficult situation, increasing visibility and helping others learn from their experiences". This area will also be of interest in this study.

The value of catharsis is that it provides an emotional release not only for the storyteller but for the audience also. However, it would appear that in a healthcare context this type of learning is not readily facilitated. Shapiro and Hunt's (2003) research on the use of theatrical performance in medical education found that staging illness-related dramatic performances as a method of developing empathy and insight towards patients was successful and provided a psychological space for students to reflect on their own professional development. They claim that the use of live actors in the dramatic performances meant that the plays had 'a uniquely compelling emotional quality' which made it difficult to avoid or indeed intellectualise the struggles portrayed by the actors. One interesting finding in this research was how medical students paid much attention to the portrayal of doctors in the

performances and described as ‘anti-role models’ those who were callous or indifferent. Moon (2010) speaks about the power of performance and inform us how personal stories are not completely formed before they are told to others and these stories are shaped in the action of speaking them aloud to an audience. Bruner (2002) echoes this theory believing that meaning exists in the occasions when the individual shares the story of his life with others.

Barker et al (2016) suggest that the value of storytelling lies in it being a form of authentication as the individual is being listened to by others. Kearney (2007) describes how Helen Bamber one of the first therapists to visit concentration camps after World War Two encouraged the survivors to ‘convert their trauma into stories’ which *had to be told.* Life stories are about making meaningful connections between past experiences and the self and how experiences shape our identity. Storytelling can help to make meaning of our lives (Rossiter & Clark, 2007). McAdam (2008) states how in personal storytelling, people try to make meaning out of the suffering that they are currently experiencing or have experienced at another time. He asserts that narrative identity relates to the stories that people construct and tell about themselves to ‘define who they are for themselves and others’ (p4). In this way stories about an individual’s life can be given a purposeful unifying whole by bringing different elements of the self together. Pals (2006) agrees interpreting the life story as a means by which an individual can ‘highlight significant experiences’ from the past by “interpreting them as having a causal impact on the growth of the self” (p.176). Pals (2006) describes three aspects of causal connection – the past experience, the impact on the self and the ensuing narrative processes involved in forming the connection between the two.

Stories are a way by which humans make sense of their experiences and the impact of the emotional aspect of stories and ensuing emotional learning is powerful and can be both transferable and reflective (Squires, 2009), Edwards (2014). McAdam (2008) also describes how stories can be redemptive and transformative - negative scenes within the life stories are

followed by positive outcomes – "life gets redeemed through the narrative interpretation of the experience". Wren (2016) alludes to this when she alludes to how storytellers often try to organise their stories around an outcome – learning, reflection etc. yet, the expectation in the Round is to create a space where there is no requirement to be productive. This exploration between the choice of authentic personal story, the storyteller's motivation for selecting and sharing the story and the impact of doing so, will be of interest to the researcher in this study. The role of the facilitator and clinical lead in helping the panel to shape their stories and the rehearsing of the story is important (Depolitti et al, 2015) and is worth closer investigation.

Summary

Schwartz Rounds embody several learning theories and approaches to learning although they are not designed specifically to be a learning intervention. Learning brings about a change in behaviour and according to the literature review, storytelling can prompt individual and organisational change. Several studies of the Rounds have indicated that there has been some evidence of change both in the individual and the organisation following participation in the process. However, these changes have been hard to evidence, and, in the hospice, which is the subject of this study, there has not yet been an in-depth analysis of the nature of the changes experienced. This deserves further investigation to understand the exact impact that the stories are having on participants both during the Round and in their post-Round working environment. It is the exploration of this "change in behaviour" whether it be a change in knowledge, attitude, perception or otherwise, that the Rounds appear to be facilitating through the vehicle of storytelling and reflective discussions within the hospice, that is the focus of this study.

The Research Question

Schwartz Rounds were introduced to LauraLynn, Ireland's Children's Hospice, in 2016 as a support mechanism for promoting emotional and psychological wellbeing for staff. The concept of using stories and storytelling as a vehicle for reflection and stimulating discussion on the challenges of providing compassionate care was a new venture for the hospice. To date quantitative feedback from post-Round evaluations in the Hospice during 2017, has supported the findings of previous studies with 87% agreeing (somewhat or completely) that the Rounds help them to work better with colleagues and 71% saying they have a better understanding of how colleagues feel about their work (*figure1*). The qualitative feedback has contained mainly comments on the quality and effect of the stories shared by the panellists e.g. 'very relatable and made me reflect personally and professionally' and on obtaining a greater understanding of team roles and team purpose 'very interesting & thought provoking; learnt more about myself and colleagues'. However, these observations deserve further investigation to understand the exact nature of the impact that the stories are having on participants, both during the Round and in their post-Round working environment.

Furthermore, since the Rounds were introduced in the hospice in December 2016, there appears to be a greater appreciation of interdisciplinary teamwork, understanding of one other's roles and improved communication amongst staff, both clinical and non-clinical. However, no research has yet been undertaken to investigate the relationship between the Rounds, storytelling and this new sense of team purpose within the hospice.

A reasonable amount of research has been conducted in the US and the UK on the psychological and social impact of Rounds within a healthcare setting, but to date there has been a paucity of published research on the impact of the Rounds as a storytelling forum, nor

within a children's hospice, nor in an Irish healthcare context .Although Wren (2016,p.62) suggests that in the design of the Rounds, the storytelling should be without means or ends and the aim is to create meaning by "opening a space within which there was no requirement to be productive", it would however appear that the stories whether by design or not, are producing an impact on participants and organisations. Therefore, the purpose of this research is two-fold, firstly to understand if and why the storytelling format and the stories are resonating with staff and secondly what exactly is the impact of these stories and the ensuing discussions during the Rounds having on individuals and on the wider organisation.

Methodology and Ethical Considerations

Design of Study

In considering the methodological approaches to this study, the objectives of the research question drove the adopted approach. As the primary aim of the research was to explore the complex and richer data that would provide context to the impact of the Rounds on staff within the hospice, (which the researcher sought to understand from multiple viewpoints), the adopted methodological approach was a qualitative piece of research rooted in the interpretative paradigm. A qualitative approach enables the participants to speak for themselves and provides alternative perspectives; it is an interactive process that allows for the nuances of human behaviour to be appreciated. In order to obtain an intimate understanding of people through rich engagement and immersion in the reality of the Schwartz experience at the children's hospice, the study called for both an inductive and deductive logic, appreciating subjectivities and accepted multiple realities and perspectives (O'Leary,2017). This study employed a post-positive interpretive approach within the realms of social constructionism and subjectivism.

The researcher used principles of a Grounded Theory approach (Glaser & Strauss,1967), (Charmaz, 2006) to analyse the data which is an inductive methodology that supports the logical development of theory. Grounded theorists start with the data and do not force any pre-conceived ideas or theories upon the data allowing the researcher to follow leads that are defined in the data (Charmaz,2006). This will be a suitable approach for this study as to the best of the researcher's knowledge, it is the first time that such a study has been undertaken within a children's hospice and within Ireland. In following a Grounded Theory approach, credibility will be achieved through saturation of data and allow for the

diverse understanding of the storytelling nature of the Rounds. The key stages in the research process are outlined below:

Research Ethics Approval

Before any data could be gathered it was necessary to seek approval from the Research Ethics Committee at the hospice as the researcher wished to ensure the integrity in the production of knowledge and to ensure that the mental, emotional and physical welfare of participants was protected (O'Leary,2017 p 123). A Research Ethics Form was completed and sent to the Chair of the Research Ethics Committee who deemed the research to be granted exempt status with the caveat that the research should comply with new data protection rules being introduced on 25th May 2018.The researcher has taken this into consideration when collecting, analysing and disposing of the collected data.

Employment of a Gatekeeper

Because of its subjective nature, qualitative research can struggle with credibility, so it is of utmost importance that issues such as subjectivity are managed, the methods applied are consistent and authentic, findings can be transferable and there is a broad representation to ensure that the phenomenon can be written about confidently (O'Leary, 2017, p143). Hughes (1998) observes that the researcher's presence can have a profound effect on the subjects of the study and issues of confidentiality and anonymity can be manifold. As this researcher is a Facilitator and Mentor for the Rounds, they were aware that they could appear biased in terms of sample selection and in their analysis of the Rounds. Therefore, the researcher elicited to manage their subjectivities via the appointment of a gatekeeper for their research.

Selection of the Gatekeeper

The gatekeeper was selected using a set of criteria – they had some knowledge of the Rounds and of the study but had no involvement with the administration of the Rounds at time of data collection. They were a member of the education team in the organisation, an experienced gatekeeper and familiar with research ethics guidelines, but not in a position of power over the participants which mitigated the risk of any potential coercion of participants. The gatekeeper was sent a letter from the researcher requesting their assistance and details were furnished of the study's title, aims, objectives, inclusion and exclusion criteria.

Role of the Gatekeeper

The Gatekeeper's responsibilities included the recruitment and selection of participants on the behalf of the researcher. A process was followed to enable this -; the gatekeeper advertised via email to all staff in the organisation (140 approx.) the option to express their interest to partake in the study. The eligibility to take part stipulated that it was limited to members of staff who had attended at least one Round at the hospice, or who had participated as a panellist. They should not be a member of the Schwartz Administration Team at the hospice, nor a member of the Schwartz Steering Committee. A recruitment poster supplied by the researcher was also displayed in communal areas around the organisation (see Appendix 5).

Sample Selection

12 expressions of interest were received (8.5% of the overall hospice population). Although a volunteer sampling approach was taken initially to encourage expressions of interest from the organisation (i.e. an invitation to participate in the study was extended to all members of staff who had attended at least one Round in the hospice), purposive sampling

was used in the selection of candidates for study participation. The candidates were hand-picked by the gatekeeper following criteria set by the researcher in the final selection of candidates. The inclusion criteria stipulated participants from both clinical and non-clinical backgrounds, storytellers and audience members, representing a diversity of individuals with regards to roles and professions and hierarchical levels within the organisation. The participants were both male and female, of varying ages who had all attended at least one Round at the hospice. Exclusion criteria included that participants were not involved with the Rounds as part of the administrative team. This was to prevent bias as these individuals may be perceived to be stakeholders in the process resulting in skewed data.

According to O'Leary (2017, p 205), "Qualitative data analysis strategies are not generally dependent on large numbers" and as the goal of this research was to uncover a rich understanding of the Rounds from a few participants rather than a broad group, a limited sample group of 8 participants was employed. The interviewees were also selected in terms of being as O'Leary recommends "appropriate, representative, open, honest, knowledgeable, have good memories are not afraid to expose themselves and do not feel a need to express themselves in any particular light". The members of staff were interviewed, of varying ages, 5 participants were female, 3 were male, 3in a non-clinical role, 3in a clinical role and 2 participants belonged to a group of allied health professionals (*figure 2*). The diversity of roles ranging from Executive Team member to Health Care Assistant. 6 of the sample had been panellists (storytellers) as well as being a participant (audience member) in the Rounds. All had attended between 1 and 10 Rounds.

Participant Packs

After selection the researcher met with the gatekeeper to answer any questions and to provide them with letters of invitation and participant information packs. These information

packs included a letter of invitation, participant information leaflet, expression of interest form, a consent form and a stamped addressed envelope. The participants were issued with a participant pack containing an information leaflet (Appendix 4) outlining the following information: They are asked to undergo a semi-structured interview discussion which will be tape recorded; No potential harmful outcomes are anticipated as a result of participating in the study; the participant will be given the opportunity to end, continue or reschedule the interview at any stage of the process; The participant may elect to drop out of the study at any stage; the recordings will be kept in a locked cabinet in the researcher's home; the interviews will be transcribed by the researcher and coded to ensure confidentiality of participants; the researcher and academic supervisor will be the only people to have access to the data which is collected. Finally, the data will be kept until the purposes for which it was obtained are no longer necessary and will then be discarded in a secure manner in line with Data Protection Act (2003) and new GDPR regulations (2018).

A date for the interview was scheduled at a time suitable for each participant. The interviews were carried out on a one-to one basis, face to face over a period of 4 weeks in May 2018.

Design of the Questions

Consistent with Blumer's (1969) depiction of sensitising concepts, the researcher began this Grounded Theory study with a set of research interests and a set of general concepts that enabled the researcher to pursue particular types of questions about the topic. These questions were broadly designed to extrapolate the perspectives of both teller and listener with regards to the Schwartz Rounds (Appendix 6). However, these guiding interests were only points of departure; to initiate conversation and move the interview along if flagging and the interviewee was encouraged to speak freely and openly about the Rounds.

Thus, the researcher ’s vantage point was flexible and enabled the following of leads that occurred in the data so that preconceived ideas and theories were not forced directly upon the data. In this way, the researcher started with a loose idea of the type of themes that may occur in the data but also pursued other topics that the respondents considered important. Questions were approved by the research supervisor and gatekeeper and were designed with Charmaz (2017) recommendations.

Pilot study

A short test to practice questions & equipment was carried out and some minor alterations made to the questions.

Location/Venue

A meeting room neutral to both parties was booked to ensure confidentiality and privacy. Water was made available, the Employee Assistance Programme guidelines for staff and a list of topics/panellists from Rounds 1-10 were also provided and a ‘Do not Disturb’ sign was placed on the door.

Interviewing

It was important for the researcher to establish a rapport with the respondents, to try and look at their world through their eyes, and to understand their perspectives, even if they may be different to their own. As this researcher is synonymous with the administration of the Rounds, a climate of trust was essential. Data was gathered by performing semi-structured interviews on a small scale designed to allow participants to answer questions using their own views and opinions as well as their own experiences (Taylor, 2005). The value of a semi-structured interview being that the researcher could start with a defined

questioning plan but enabled them to shift perspective to allow the conversation to flow naturally. The interview questions were crafted to ensure that the true essence of viewpoints was captured and they were consistent as were the interview conditions. The interviews took an intensive approach, a directed conversation enabling the researcher to explore in depth the topic of storytelling and the Schwarz Rounds with the people who had the relevant knowledge and experience. The researcher's role was to listen, observe with sensitivity, gently probe and encourage the interviewee to respond. In creating this climate, the researcher allowed unanticipated statements and stories to emerge. This type of interviewing lends itself to a Grounded Theory study as both are "open-ended but have direction, shaped yet emergent and paced yet flexible approaches". (Charmaz, 2017 p.2). All interviews were audio recorded.

Analysis of the Data

Principals of Grounded Theory (Glaser & Strauss, 1967), (Charmaz ,2016) were employed to analyse the data from the interviews. Grounded Theory is an inductive methodology which enables the systematic development of theory and is helpful when little is known about the area of investigation as was the case in this study. This approach follows several stages and procedures as outlined below:

Transcribing the Interviews

All the interviews were transcribed from the tapes by the researcher.

Line by Line Coding

The initial analysis of the data was done by "line by line" coding. This involved the researcher examining the transcribed interviews of each participant and noting line by line the thoughts, feelings and actions behind the dialogue (Appendix 7). This enabled the researcher to extrapolate some of the key actions and thoughts of the respondents. Following this the researcher started to recognise patterns or themes emerging from the data and grouped similar responses by assigning 'codes' or labels to capture broad categories such as 'impact on the listener' or 'storytelling as learning'. This anchored the key themes in the data. As the interviews progressed it became clear that the data was reaching saturation and the researcher was not gleaning any new insights, so the data was moved to the next stage.

Axial Coding

In the second stage of the analysis, the researcher applied axial coding to start to compare the data between interviews and identify connections between the data, again broadly grouped under generic categories (Appendix 8). This enabled the researcher to identify points of intersection between the data and begin to define what was happening in the information and commence interrogation of meaning. The more significant or frequent codes were used as a means of sorting and synthesising the data. By clustering frequent codes relating to categories as sub categories, the researcher was able to step back and see a framework of main themes emerging from the data. Using a constant comparative method, the researcher was able to group examples of codes and concepts together and develop them in to a larger more inclusive concept. This allowed the establishment of categories to be formed from the data. (Appendix 9).

Memo Writing

The researcher then moved on to the next stage of Grounded Theory which was memo writing and theorising-; examining the framework and the clusters, capturing the comparisons and connections and writing up new ideas and insights that occurred as the data was analysed. The information at this stage was still very raw and although a picture was starting to emerge, it needed more shape. The categories needed to be linked together around a central category. On the advice of the research supervisor the researcher was able to progress the memos to the next stage. The researcher had stayed close to the data as recommended Glaser (1998) but now needed to move to a distinct perspective and analyse the data from codes to a more conceptual level and thus in to a category. This involved identifying patterns, scrutinising the use of language, and assembling codes into broader categories. The memos were sorted according to logic and integrated to demonstrate the relation between them. Successive rewrites of the categories using constant comparison enabled the researcher to refine the data and make the analysis more theoretical.

Strengths and Limitations of the Methodology

The strengths of an interpretative approach to the research enabled the researcher to gain a very intimate understanding of the views and perceptions of the participants, which provided very rich data. The Grounded Theory approach to extrapolating the key themes allowed a forensic approach to understanding the nuances of the data and enabled the researcher to be completely immersed in the information. Grounded Theory was suitable as it helped to generate concepts that helped explain the impact of the Rounds on the individual. By comparing the experiences of the selected interviewees, the researcher was able to establish areas of commonality in the experience through the identification of substantive codes.

In terms of the limitations of the methodology, a combined quantitative and qualitative approach would have enabled triangulation and potentially more robust findings. The use of semi-structured interviews and a grounded theory approach was time consuming and made it difficult to stand back at times and see the wood from the trees, requiring the independent eye of an objective reader to sense check the findings. It can also be difficult to free oneself from pre-conceptions and expectations in the collection and analysis of the data. Also, because of the subjective nature of qualitative research, it can struggle with credibility so it was of utmost importance in this study to manage subjectivities, that methods applied were consistent and authentic, findings transferable and that there was a broad representation of viewpoints to ensure that the data could be written about confidently.

Results and Analysis

Schwartz Rounds were described as ‘a bright light on the horizon’ and a welcome addition to the ‘tapestry of staff supports’ offered by the hospice. The stories fulfilled several roles; to allow both teller and listener to interpret past and anticipated experience, to pass on knowledge, to entertain, to reflect, to learn and to bring about change. The data collected broadly fell into three overarching perspectives: The Storyteller (Panellist) Perspective of the Rounds; The Listener Perspective of the Rounds; and the combined Shared Perspective of the Rounds. These areas were then further broken down into themes which reached saturation across all the transcript data and are at times interrelated.

The Storyteller (Panellist) Perspective

The storyteller (panellist) perspective of the Rounds moves through three distinct phases – The Pre-Round phase, the Round itself and the Post-Round phase and each are endowed with particular characteristics. The experience for the storyteller is transformative on several levels which are detailed in the sections below.

Phase 1: Pre-Round

The pre-round phase is characterised by several themes; the search for a story; exposing vulnerabilities and fear of being judged; resurfacing memories; the influence of time and the fear of public speaking.

The Search for a Story

The search for a story dominates the early stages of the pre-Round phase; for many panellists there was a feeling of anxiety about finding a story and to ‘make sure the story is the one you want to tell’. Panellists spoke of how they became preoccupied with their story

‘getting it right’ and how it ‘kind of takes you over’ in the days leading up to the Round. Stories are chosen with great care and need to be told in a way that does them justice and this is important to the integrity of the Rounds “I think everybody has taken the time to sit at home and think about these stories and to share them in the proper way that they want them told”. The choice of story selected by the panellist was driven by various factors such as an opportunity for self-disclosure, skill development such as public speaking, a moment of epiphany or a teaching opportunity for colleagues.

When opting to tell a story of self-disclosure, most panellists chose stories that best illustrated how a seminal moment in their life history shaped their character, allowing the listener to glimpse the person behind the role. The purpose of doing this was to allow the listener to understand how an event moulded their character or caused a certain type of behaviour. The stories are perceived to be a way by which the teller can make meaningful connections between past experience and how it shaped their identity ‘it was part of my story, of my history that I wanted to get across’ and ‘hopefully people will see me differently and think oh that’s why she is the way she is’. Moments of clarity or an epiphany in their working life can also guide the selection of the story with one individual choosing his story as it made him realise why he worked in the hospice and his pride in the team and felt ‘everyone needed to know that’. Another was so motivated by the “compelling” nature of the Rounds and the challenge of telling a personal story in public that she was moved to participate as a panellist. It was considered both an opportunity for skill development and to provide insight into her role “an incredible opportunity to share myself with people….and show them I’m not just this admin person walking around doing fundraising”.

Exposing Vulnerabilities and Fear of Being Judged

During this early stage of searching for the story, emotion also played an influential part in story selection due to the powerful feelings associated with the memory such as having experienced 'anger' or 'disrespect'. This could either motivate a storyteller to share their story or it could also act as a deterrent. One panellist spoke about how the event still stirred up such raw emotions in her that she felt that she *needed* to share it as others *needed* to hear it. She wished to impart a message to the wider team about the importance of listening in patient care. Others avoided telling a story that stirred up strong emotional reactions as they wished to remain emotionally contained as a panellist or feared that it was 'too big to tell in a Round' and create the unwelcome possibility of a loss of self- control 'It's too private and you lose control'. It was felt that if a storyteller became emotional during the Round, then the issue was still 'live' for them and there was a vulnerability in that 'to share- costs you an awful lot'. There was also an anxiety that the panellist may unwittingly provide too much of a personal insight to the listeners and leave themselves open to judgement. There is a strong fear of being judged by colleagues when telling the story in the Round and of their story being subsequently discussed outside of the Rounds '…there is a fear that someone in the audience may talk about this after' and this motivated some panellists to avoid a story that was very personal as 'I would feel much too vulnerable to tell it in a Round'.

Resurfacing Memories

Much of this anxiety about appearing vulnerable in the Rounds stemmed from the act of resurfacing memories both when selecting the story and during panel preparation for the Round. The proximity of the memories was described in terms of the senses 'they are still touching us, they are here beside us' and strong, atmospheric language was used to describe them…it was a 'grey rainy day'; or a 'low and dark' time. This suggests that the emotions

present at the time of the event are still associated with that memory and can be very 'live', especially if the memory was traumatic and too big to process at the time and consequently buried. For some, the risk of resurfacing memories was considered distressing as according to one interviewee, you 'flashback' into the event. This person explained her reluctance to share a personal story as she had told it once before and had been shaken by the loss of control and power of the emotion that she had felt at that time. So, she had reburied the memory, only to disclose it again during the interview and became visibly emotional once more. Although the event had occurred thirty years ago, she found herself back in the operating theatre 'I saw the crack in the wall, I saw the child on the bed...I can actually feel myself getting emotional now...that's why I don't tell stories'. This was described as a 'weird' and 'scary' experience and validated her reason that she would not share such an intimate story in a Round. In the resurfacing of memories, the language describing the event was often bestowed with an atmospheric quality to conjure a mental picture and this was often replicated in the Round.

For those who chose to share an intimate story, the telling and retelling of the story in the preparation for the Round encouraged deeper reflection, enabling the storyteller to look at the event in a more objective manner and clarify the emotional meaning of the event. One panellist 'felt very rambling' when she first shared her story and realised that she did not have all the detail as she had never taken the time before to reflect on it. It was patchy and non-sequential in the first telling but the panel preparation session helped to crystallise her thoughts. For some the retelling of their story helped to find expression for suppressed feelings as it was the first time that they had reflected on the event since it happened and that was a therapeutic experience "it's a good place to vent and a good place to just talk about things that are bothering you". These emotions attached to the memories stay with us but may become more diluted in the frequency of telling and the retelling of a story and 'just articulating it … sharing it with other people.'

The Influence of Time

It was felt that with the passage of time, the story could be delivered with more objectivity and less emotion. The risk of becoming emotional during the telling of the story was minimised if the story was not recent and therefore not 'live'. The passage of time indicated that the storyteller could now see where that event fitted in to their life and didn't have the anxiety or worry of an emotional display associated with sharing it at an earlier stage. Of the six storytellers interviewed, four told a story about an event in their life between 10-30 years ago and that cohort of interviewees were more experienced staff. The thinking was that "maybe 20 years ago I wouldn't have told my story at all, because I wouldn't have been ready or confident enough, or at ease with myself seeing where that fitted into my life" or 'it is not so raw in my life now and I have changed'. This enabled them to articulate their stories in a more objective manner unlike a younger member of the team who shared a more recent story and demonstrated vulnerability. The emotions attached to the memories stay with us but may become more diluted with the passage of time.

Fear of Public Speaking

The challenge of speaking in public was also a big concern for many storytellers during the panel preparation phase. One said that she 'panicked a bit at first' as she felt that she didn't have a 'good story' and felt 'nauseous' on the morning of the Round. Taking on the role of being a panellist is perceived to be developmental both personally and professionally; it was considered a 'big jump' to go from the position of listener to storyteller, but their confidence grew with panel preparation. One spoke of how he opted to read his story as with 'nerves and all of that…I thought I wouldn't get up in front of a crowd and speak so that was the way for me'. Another interviewee who had not participated as a storyteller described his feelings towards speaking in public as 'highly traumatic' and would

be reluctant to go to Rounds if he felt under pressure to move from listener to storyteller. The panel preparation meeting was considered to be essential in preparing the story and developing public speaking skills.

Phase 2: The Round Itself

On the day of the Round most storytellers felt a mixture of being alternatively 'anxious', 'nervous' or 'excited'. There was a general feeling of support and community from the audience 'you are there together' and the story 'just flows' and that feeling of support is important. One storyteller 'wanted to see people smiling back at you or getting an emotional reaction….is kind of the reason that you want to do it'. Rounds transcend hierarchy in the hospice as there was a sense of simplicity to the activity- a feeling of discarding the badges and roles that we wear at work and "You are just a person telling a story and the listeners are just listening to it". One felt that it was very positive to be able to tell a story, uninterrupted. The silence in the room as the stories were being told was described as 'powerful'. The panellists found the assembled audience engaged and alert 'you can tell by the facial expressions and body language of the audience that they are with you' on your journey. There was a feeling that once you started your story and could see the effect it was having on the audience 'the 5 minutes does not seem long enough, you could talk for half an hour'. Sometimes the panellists themselves don't fully realise the significance of an event until they share it in a Round and receive the validation of others.

New bonds are formed out of the Rounds such as some deeper relationships between panellists where they coach each other or look out for each other post Round. "I've a bit of a bond with the girls on the panel…because you have shared this moment and this vulnerability together".

Phase 3: Post-Round

For many storytellers, the initial reaction after sharing their story in the Round was a feeling of relief or catharsis. This catharsis is happening on two levels - Firstly the experience of storytelling is described as 'cathartic', 'therapeutic' and 'healing' as it enables the teller to find expression for suppressed feelings and an unburdening of an emotional load. 'Getting it off your chest' and 'a trouble shared is a trouble halved' were frequently used to describe the emotional experience of storytelling. "There's something about sharing that there is a little bit of weight off your chest". It can also help with seeking closure on a difficult situation; you are 'closing a book on what you are trying to say' by sharing your story.

Secondly, catharsis or relief is experienced by the teller having managed the skill of speaking in public in an articulate manner. "You feel quite proud of yourself, like public speaking is one of the most fearful things". Validation from others is important too because 'the last thing you want is just to walk out and nobody to say anything'. Some felt that by role modelling this skill, others would be encouraged to take up the challenge of storytelling at another Round. There was also a feeling of freedom and pride having been 'liberated' by sharing their story. An increase in credibility and respect from colleagues was experienced, with one male panellist glad to have the opportunity to demonstrate how 'men have feelings too'.

As the Rounds have increased in number, so too has the length of time that panellists and participants linger in the room afterwards '… people are staying on longer, so you can see that it is growing and developing'.

The Listener Perspective

The listener's perspective of the Rounds centred on themes such as learning to speak at a different level in the workplace; all stories are not equal; seeing the person behind the role; personal growth, developing empathy and self-awareness.

Learning to Speak at a Different Level

A hospice is an emotional environment to work in and hospice staff deal with 'the vulnerabilities of our parents and families on a daily basis' where 'we see them at their worst' but staff are reluctant to share their vulnerabilities. One interviewee explained how as an organisation 'we are all very good at talking at a level that is around work or clients or families', but the Rounds are about 'learning to speak at a different level'. The Rounds are enabling conversations to happen that allow difficult emotions to be expressed and that it is 'ok to feel and think in this way in situations that may occur at work'. There was a sense of 'coming up for air' when listening to the Rounds and they 'remind us that we are all actually still people'. This helps build empathy and compassion towards one another. One said how at the first Round, he realised that they were a different forum to the usual supports in so far as it 'was ok to be vulnerable'. One interviewee expressed that the Rounds leave a lasting impression and how the Rounds are a place 'where you can go and get all this information and when you leave, you are still soaking it all up and thinking about it'.

All Stories Are Not Equal

Stories told from the heart rather than from the head leave a powerful impact on the listener. A different 'deeper' type of respect was attributed to colleagues who let the mask slip and told more intimate, revealing stories. The courage of the storyteller was a recurring theme and how it can be difficult to disclose something negative about yourself. This can generate a feeling of empathy on the part of the listener -one interviewee explained how he

felt a physical reaction, almost a tugging at the heart strings when listening to some of the very honest stories. There was also a sense of transformation taking place as by sharing stories we become 'better people' as it 'shows humanity'. Some felt that the stories that they heard might help them in future similar situations '. ...other people's experiences might help their colleagues in their working lives'. However, hierarchy, concern with self-image and organisational roles can prevent authentic stories from being shared, with managers' stories in particular being described as 'safe' or 'pretty closeted'. It was felt that some of the more honest insights and wisdom came from those at the lower end of the organisational pyramid.

The Person behind the Role

One of the main benefits of the Rounds for the listener is that some storytellers have 'taken their (organisational) hat off 'and said "Here I am... I am the person who happens to be a nurse". This was seen to provide a more intimate insight into the person behind the role and a glimpse into an aspect of that individual's life story. This resulted in the existing perception of the storyteller being altered to accommodate and assimilate the new information, often leading to a change in perception. A non-clinical staff member explained how "It softens you to team members on the clinical side of things that might not see that side of you so much" and 'changes your perspective of people'. This altered perception can also lead to a change of behaviour with one of the participants confiding how having heard a colleague's story in a Round, she is subconsciously aware of it, when dealing with that colleague and it keeps her mindful of her behaviour. Some felt that it was easier to approach a manager having witnessed their vulnerable side in the Rounds. In changing the attitude of one person, it may also consequently persuade a change in attitude in the group. One interviewee asserted that 'You look at people in a totally different way' and others told colleagues that had not been able to attend the Round that "you wouldn't be seeing things the same way had you been a part of it". It makes you kind of 'soften a little bit towards them'.

Many interviewees also expressed how they obtained a deeper insight into the roles of others within the organisation in the Rounds. This was particularly apparent from the non-clinical staff in relation to the clinician's role and the challenges of that role. It was considered beneficial to meet other teams in the hospice that you may not meet very often and there was a sense of 'solidarity' in sharing the experience of a Round.

Personal Growth

Listening to the stories nurtures learning as it shifts perspectives on the part of the listener and leads to a shared understanding while developing empathy and compassion. Many expressed personal growth through the experience of watching and hearing a colleague express their struggle through recounting a story that was 'phenomenal' or 'revelatory'. Listeners heard the stories through the filter of their own experiences resulting in a similar or alternative point of view "...you know I can understand what you are saying John, I've been down that road, I've made the same mistake when I was a trainee nurse".

Experiences are transferable -it was felt that the stories might trigger an epiphany of sorts for the audience and act as a catalyst to seek help or change their behaviour if warranted. This was particularly apparent when listening to stories about mental health issues and the importance of self-care. These stories prompted listeners to ponder on consequences for themselves and their own life some time down the road, by undertaking a form of mental rehearsal "… I thought about that young lady who fell apart and I thought my God, how close we all could be."

Change in Practice

The Rounds were seen to be transformative, encouraging a change towards more empathic behaviour towards colleagues with the concept of 'making allowances' for others frequently referred to in the interviews. One non-clinical participant described how she

changed her behaviour at work by actively seeking out her clinical colleagues ‘to acknowledge that it has been a tough week in the hospice’. They also caused the listeners to self-reflect and increase self-awareness. ‘It makes everyone more aware, more aware of the challenges in other people’s roles’. One panellist saw the manager differently afterwards “God you know there are vulnerabilities there...they are not just the manager”.

Reflection during the Rounds can also bring about a change in work practice. A senior manager explained how she had a performance review meeting with a staff member prior to a Round where the staff member was a panellist and felt that the review meeting ‘would have been very different’ had she heard their story beforehand. The panellist shared a story about an incident that had majorly impacted on her and the manager realised why the panellist was performing in a certain way at work. This allowed her to support the panellist after the Rounds in ways that she had not envisioned beforehand.

The Shared Perspective

Both storyteller and listener perspectives fused in certain areas such as the impact of the Rounds on the organisation; storytelling as performance; organisational support for the project; community and fostering connection; building resilience; trust/ safe space; changing culture and building teamwork.

Storytelling as Performance

Despite the serious nature of the topics and stories discussed at the Rounds, they are also perceived as a form of recreation ‘Schwartz give you a little break’ with language frequently used in the context of literature and the performing arts consistently used to describe them. They Rounds appear to follow a pattern similar to a piece of live theatre…there is a ‘buzz’ or ‘vibe’ beforehand, from the time that the posters advertising the Round are put up with people commenting that they ‘are raging if I can’t make it’.

Interestingly at the first Round where people were a bit dubious and comparisons were made with a 'Jeremy Kyle Show type of platform', now there is a sense of missing out when you are not there. The audience stay to chat afterwards, people are staying a bit longer and as a part of organisational life 'you can see it growing and developing'.

Even the storytellers themselves described their role in cinematic terms – 'replaying a negative event' in their minds 'like a videotape'. Some panellists were described as 'natural storytellers' with their recounting of events painting a visual picture for the listener…" I had this visual that it was a grey, rainy day... all those English accents... here's this man lost in London". The storytelling from the listeners' perspective was described as like 'reading a book by a good author' with the listener becomes 'immersed' in the story and 'captured' by it. One referred to how the story had 'captivated' and 'held' him and how he felt the tension as a physical reaction. Some referred to the building of tension in a story that was palpable in the room and being unable to 'blink or switch off' because of it – the catharsis felt by the storyteller being felt by the listeners also. One respondent spoke of the desire to attract the 'blockbuster panellist' and the changed perceptions of people at work created by hearing their story was described as not 'judging a book by its cover'. The Rounds were powerful just like a narrator with a 'good script' and there was a sense of 'closing a book on what you are trying to say' by telling your story. Rounds are 'like reading a book – you get a knowledge and a new vocabulary'.

Community & Fostering Connection

The Rounds foster connection and a sense of learning in a community setting. They were described as a 'gathering', 'a really bright light on the horizon' and 'a talking circle where clinical and non-clinical get together'. The inclusivity of the Rounds is one of its biggest strengths in so far as it is 'fostering community and open communication' in an

environment when communication is more challenging than ever due to hierarchy, politics and red tape. It was felt that it is the only time as an organisation that all teams come together in this way. “One piece in a bigger jigsaw that allows staff to connect and share experiences”. Rounds help to develop resilience and reflection and there is shared learning from the mistakes and experiences of others. There is a feeling that “I can learn it in 30 years or I can learn it now”. Rounds are a form of role modelling which teach you that ‘you can’t learn this stuff out of a book’ as they are very human experiences. Many felt that staff are learning from more experienced colleagues and likened it to the ‘learning from your grandparents and the sharing of wisdom’. If you learn how others coped in a situation, it might help you cope if faced with a comparable situation.

Where teams are isolated, physically as well as due to the nature of their work, the Rounds allow connection. Many spoke of a ‘silo’ between clinical and non-clinical teams as well as a geographical gap but the Rounds illustrate ‘that we are all completely connected in what we are doing’ and emphasises the importance of remaining connected.

Building Resilience

The Rounds are considered to broaden a medical curriculum that in the past taught resilience by throwing staff ‘in at the deep end’ and provided little emotional support. One participant recounted her experience as a student nurse experiencing the traumatic death of a child in theatre and how she received no organisational support afterwards, instead receiving peer support from her fellow students as they ‘sat on a bed in the dorm’ that night. Another spoke of a more recent occasion when his son, a nurse, experienced a traumatic event at work and was offered a cup of tea, then ‘told to get on with it’ and in the absence of any emotional support left a promising nursing career. Rounds appear to be providing a type of peer support

that before was maybe only available within a clinical environment but is now embracing the wider organisation. The Rounds are a departure from the usual medical curriculum focusing as they do, on empathy, compassion and understanding while building resilience. The Rounds are now regarded as an essential part of a tapestry of supports provided by the hospice to staff – along with emotional debriefing, clinical supervision, promoting resilience and teamwork. They are seen to bridge the gap between an emotional debrief and an individual meeting with the psychologist which could indicate that there is something 'seriously wrong' with you. The consistent high attendance rate at Rounds was considered evidence of its popularity, however some staff expressed concern about the availability of front line staff to attend – are the people who really need them able to attend them?

Trust/Safe Space

Trust is the reason that the stories are such a powerful mechanism during the Rounds yet could also be the source of their fragility. The storytellers are seen to lead by example early in the Round by exposing their 'bare bones' through their story and this creates an atmosphere of trust. People allow themselves to be vulnerable in the Rounds & the openness created in a Round starts quite quickly. The listener is then invited to model that behaviour through a disclosure of his/her own. This two-way trading of confidences allows a climate of trust and safety to be established in the group. There is a feeling the 'you are there together' with strong peer support and the absence of judgement. Trust is seen to be of paramount importance in the Rounds and many expressed how the confidential nature of the Rounds was preserved outside of the Round and that inculcates trust in the process.

The Rounds are a 'time out' when people don't think about the job and just focus on the people that they are working with. The safe environment of the Rounds was regularly referred to with the structure scaffolding the process engendering trust. The Rounds are

considered ‘a nice place to share your story’. There is a simplicity to the forum as ‘they are just telling their story and people are just listening to them’. However, some expressed concern about the size of the group at the Rounds as it was felt that it might some inhibit some people from speaking and sharing openly.

Changing Culture

The Rounds are seen as a means of equalising people in a hierarchical culture and appear to be breaking boundaries in the organisation with people discussing topics that ‘aren’t discussed in the restaurant over breakfast’. Some participants spoke of a greater warmth, camaraderie, empathy and understanding amongst colleagues. One reflected that there was too much hierarchy in the hospice and the Rounds help us to get back to basics and see the person behind the role. Rounds are a communication tool in the organisation and ‘takes the divide’ away from clinical & non-clinical areas.

One strong characteristic of the Rounds was their ability to develop the empathy between teams and that network of support amongst the teams. They help to build a much more ‘cohesive, understanding, gelled’ team by helping staff appreciate the multifaceted roles of teams within the organisation. Rounds have ‘set the seeds and we’ve brought team building or working in teams to another level’. Many spoke of now ‘making allowances’ for colleagues and how ‘it is helping us to become kinder to each other.’

Rounds as part of a Societal Shift in Culture

Is the introduction of the Schwartz Rounds timely in a post-Recession Ireland where many of the established institutions such as church, banks and government that in the past promoted a patriarchal culture of fear and secrecy, have now been exposed by a succession of stories of abuse, dishonesty, greed and tyranny? One interviewee commented that nowadays ‘everyone wants their voice to be heard’ and from the recent referenda on abortion and same-

sex marriage to the expose of the Magdalene Laundries ‘there are people talking now that have never talked’.

In this new climate of disclosure, people appear to want to share their stories, but with that comes a responsibility to protect the storyteller. Some participants expressed anxiety around the psychological repercussions of the Rounds on participants and panellists and the possible need for follow up support.

Discussion

This study reports the findings of an investigation into the impact of learning through storytelling, by using Schwartz Rounds, with staff in a children's hospice. It is concerned with how the Rounds work as a learning forum, bringing about individual change and details the impact of the Rounds from three different perspectives; the storyteller's (panellist) perspective; the listener's perspective and the shared perspective of both groups. As far as the researcher is aware, this is the first time that such a study has been undertaken.

One of the key findings from the study and a tentative new theory is that the storytellers (panellists) experience of the Rounds appears to move through three consecutive phases – 1) Pre-Round; 2) During the Round; and 3) Post-Round and there are particular characteristics associated with each phase. This is a further development in the findings of Maben et al (2018) who identified that the Rounds overall move through four key stages; Sourcing stories and panellists, preparing these stories, telling these stories in the Round and post-Round after-effects.

The feelings of the storyteller pre-Rounds include fear of being judged, exposing vulnerabilities, the impact of resurfacing memories, influence of time, and the fear of public speaking. Although some of these findings appear in the literature on Rounds (Maben et al 2018), (Wren 2016), they are not evidenced in as great detail as in this study. The storytellers are motivated to share a story for various reasons –self-disclosure, to pass on knowledge, make sense of an experience, skill development or to influence or change minds. This is congruent with the studies of Moon (2016) and Maben et al (2018).

The importance of feeling supported by peers either through body language or non-verbal cues is important during the storytelling and this is not evident in other studies of the Rounds.

For the teller, storytelling is cathartic and Kearney (2007) has reported how catharsis is one of the most enduring functions of narrative. He also refers to the 'healing' powers of storytelling which is a recurring theme in the teller's experience in this study. Other studies on the Rounds have detailed catharsis as a product of the Rounds (Thompson 2013). McAdam (2008) refers to how relating the story of an event may help the teller to clarify the emotional meaning of the event and this was the case in this study. This type of learning is both transformative as the adult learner is challenging his beliefs but also follows an andragogical perspective where the adult learns that which has relevance and impact to their immediate life (Mezirow,2009) (Knowles, 1984).

The finding in this study that the resurfacing of buried memories can be transformative leading to a change in behaviour beliefs or mindset, or bring order and completion to experiences, are congruent with other studies on storytelling and adult learning (Mezirow, 2009), (Moon, 2010). Similarly, the findings that stories can provide a therapeutic function (Moon 2010), be cathartic (Kearney, 2007) and allow victims of trauma find expression for suppressed feelings (Bettelheim, 1976), (McAdam 2008).

Time and the elapsing of time between the event and the story was also a feature of the storyteller's experience and Kearney (2007) suggests how stories can be cathartic ways of revisiting blocked emotions of pity or fear which were too big to be dealt with at the time. For some, the longer the time between the memory and the storytelling, the easier it was to relate it in a more detached manner. (McAdam, 2008).

Fear of public speaking is a relatively unexplored theme within Rounds literature, although fear of public speaking in general is a remarkably common phobia (Knight et al.2014). The panel preparation does go some way towards helping with the rehearsal of the story and is an important part of the process. However, care needs to be taken in achieving a

balance between a ‘scripted’ story and a ‘from the heart story’ as the latter were felt to be more impactful and can lead to greater learning and increased perspective (Depolitti et al, 2014). Schwartz administrators also need to be careful in the hunt for a storyteller that people do not feel pressurised or coerced into sharing as it may create anxiety or dissuade future panellists.

The experience of speaking in public can also be cathartic and many of the anxieties and physical symptoms of the storytellers are also shared by actors before a performance (Trueman, 2012). Sir Laurence Olivier likened acting to ‘dying’ and many performers use language associated with going to war such as ‘slaying them in the aisles’ or ‘knocking them dead’ when describing the effect of their craft on the audience. One of the ways identified in this study of how people learn from the Rounds is by developing the skill of speaking in public and this has also been referenced by other studies (Maben et al, 2018). Although developing skills in public speaking is not an overt goal of the Rounds, it is a useful way of challenging self-imposed limits and bring staff in to the stretch zone of learning while being supported and coached through the process by the facilitators who scaffold the experience. (Bruner, 1966).

From this study, the impact of storytelling in the Rounds on the listener is manifold. It can allow for the introduction of a different type of conversation in the workplace where staff learn to speak and recognise dialogue at an emotional level, thereby improving their emotional intelligence (Goleman,1995). The stories can provide a therapeutic function for the listener either consciously or unconsciously. Listening to the stories creates a link between the listener’s personal experience and the wider experience of others creating new insights and information. (Moon, 2010), Clarke (2001), (Goodrich, 2012), (Depolitti et al,2015). This new perception can encourage a change in attitude in individuals, groups or society. Many of the participants in the study gave evidence of how they had changed perceptions of people

and their roles as a direct result of hearing the stories. This behaviour is indicative of a constructivist learning paradigm, with new experiences or information being assimilated with prior knowledge to construct new realities. (Piaget, Vygotsky, Dewey). This concept of the Rounds altering perceptions is also evidenced in other studies on the Rounds (Depolitti et al, 2015), (Chadwick 2016).

The Rounds provide listeners with an opportunity for critical reflection. Some listeners gave evidence of how on reflecting on the stories they had taken further steps and changed their behaviour towards individuals, which is a fundamental definition of learning. Listeners can be transformed and transported by the stories leading to a change in practice. (Shuell,1986) (McDrury & Alterio, 2003), (Depolitti et al, 2015), (Maben et al, 2018).

The Shared Perspective

The concept of the Rounds as a form of entertainment or recreation during the working day is a new finding which to the best of this researcher's knowledge has not been explored before. It was remarkable how much of the language used to describe the Rounds was centred on literature and the performing arts. Although narrative pedagogy is used frequently in healthcare education it is predominantly in a written context (Edwards, 2014). Perhaps to truly experience empathy and compassion, the real stories of staff need to be heard as they have a uniquely compelling emotional quality which makes it difficult to avoid or intellectualise the struggles borne (Shapiro and Hunt 2003). Storytelling is a fundamental part of all cultures and in an increasingly diverse workforce, it perhaps speaks a universal language in the healthcare curriculum.

The Rounds are seen to be a break from the mundane, sometimes intense working day, a chance to pause, set the reset button and focus on oneself and one's colleagues. This counter-cultural space is a recognised feature of the Rounds (Maben et al 2018). In the

hospice, the Rounds are the only time apart from the quarterly CEO briefing (which fulfils a different purpose) that the entire organisation is invited to gather and share experiences. This was felt to be very important in an organisation that has become increasingly hierarchical and where there is a sense of isolation amongst teams, both geographically and work related.

The Rounds are a form of social learning, helping participants to develop a sense of connection and shared purpose within interprofessional teams. (Goodrich 2012, Lown & Manning 2010). The Rounds are a community-based activity where information and knowledge are exchanged that can then be used in practice, which are key characteristics of a Community of Practice. (Lave & Wenger, 1996), (Reed et al.2014), (Barker et al, 2016). This type of learning and passing on of knowledge is vital in terms of developing the desired behaviours of compassionate care and resilience amongst staff but also in terms of knowledge management in a sector that is prone to frequent turnover of staff. Adults thrive in collaborative learning situations. (Knowles, 1984).

Support for the Project

The support for the Rounds from senior management was "visible" with lots of "buy-in" and resources behind it that was perceived to be sending a clear message of support for the forum. This support at an executive level is considered to be an important factor in the success and sustainability of the Rounds (Maben et al,2018), (Goodrich, 2012). They are also seen to be a necessary part of the range of supports available to staff as they bridge the gap for clinical staff between a debrief and a need for individual psychological support, and for non-clinical staff they one of the few emotional supports accessible to them. They are seen to be changing culture in so far as they are breaking boundaries in the organisation encouraging discussions on topics not always discussed 'in the restaurant over breakfast' (Goodrich, 2012), (Lown & Manning, 2010).

The Rounds encourage an appreciation for the distinct roles and contributions of colleagues (Lown & Manning, 2010), (Goodrich 2011), (Maben et al, 2018). However, in this study, non-clinical staff appear to be obtaining more benefits from hearing the clinical stories as it is giving them an insight into the challenges and issues that affect their clinical colleagues. Clinical staff do not report the same level of insight regarding non-clinical roles. There is a concern that the staff who might really benefit from the Rounds – front line care staff – are not accessing the Rounds as easily as administrative staff due to shift patterns and work obligations. There needs to be some measures put in place to manage this in future.

The size of the Rounds was also an issue for some as they felt that the large group inhibited some participants from sharing and speaking openly and this has occurred in other studies (Gishen et al 2016).

One of the recurring themes from the literature on the Rounds is the importance of trust and the creation of a "safe space" to share stories and this is also evident in this study (Maben et al, 2018).

The value of Rounds as a means of facilitating peer support and reducing individual and team isolation also can be found in other studies of the Rounds. (Gishen et al. 2016) (Mullick et al.2013), (Maben et al. 2018).

The concept that Rounds are part of a sea change as regards disclosure in today's culture is a new finding that might be worth further investigation. Robert et al. (2017) referred to the Rounds as 'an idea whose time had come'. Some interviewees questioned the value of unearthing feelings that would not normally be exposed and may cause harm to those present (Chadwick, 2016), (Maben et al 2018). Vigilance against possible harm both during and after Rounds is important in recognising signs of this.

Limitations of the Study

The Rounds have been in operation at LauraLynn, for 18 months and it may take longer for individuals and the organisation to appreciate the full impact of the Rounds, but the early signs are very positive. Although the impact of Rounds on staff wellbeing was evidenced in this study as in others (Maben et al. 2018), (Chadwick, 2016) the impact on patient care, which was the original aim of the Schwartz Center in the establishment of the Rounds has not yet been evidenced. The study did not explore why some staff chose not to attend but there were a good range of interviewees who were able to speak freely. Furthermore, several staff supports and initiatives are also underway in the organisation so attributing all improvements in staff wellbeing to the Rounds may not be prudent.

Conclusion and Future Perspectives

Learning through storytelling using Schwartz Rounds as an instructional strategy at LauraLynn, Ireland's Children's Hospice, appears to be causing a change in behaviour on the part of participants and consequently impacting positively on organisational culture. It seems that in narrative pedagogy, the storyteller can learn as much from the experience as the listener. The Rounds, this safe, tightly structured, space that staff enter for one hour and share stories, is creating a resonance that permeates across culture and collegiality in the organisation. This is resulting in increased empathy, tolerance and connection between staff members. They can help create a trusting environment within a hierarchical culture and enable personal transformation.

For future studies, the role of the facilitator and clinical lead in helping the panel to shape their stories and the rehearsing of the story is important and is worth further investigation. It would also be useful to explore the impact of the Rounds on improving compassionate care for the service users at the hospice, once the Rounds have been in operation on a longer basis. Although there was evidence of individual behavioural change as a result of attending Rounds, it would be beneficial to explore if those changes are sustainable and having a lasting impact on organisational culture. The concept that Rounds are part of a sea change as regards disclosure in Irish culture is a new finding that might be worth further investigation.

On a final note there is a pleasing yet poignant symmetry in the finding that an organisation which came into being as the result of stories (the very personal stories of Dr Ella Webb, and more latterly Jane and Brendan McKenna and their two daughters Laura and Lynn), is still using story as a means of communication, learning and enabling change.

Storytelling, an essential part of everyone's childhood can still help us grow even in adulthood.

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Appendix

Figures

Figure 1. Overview of Schwartz Rounds Feedback 2016-2017 at LauraLynn

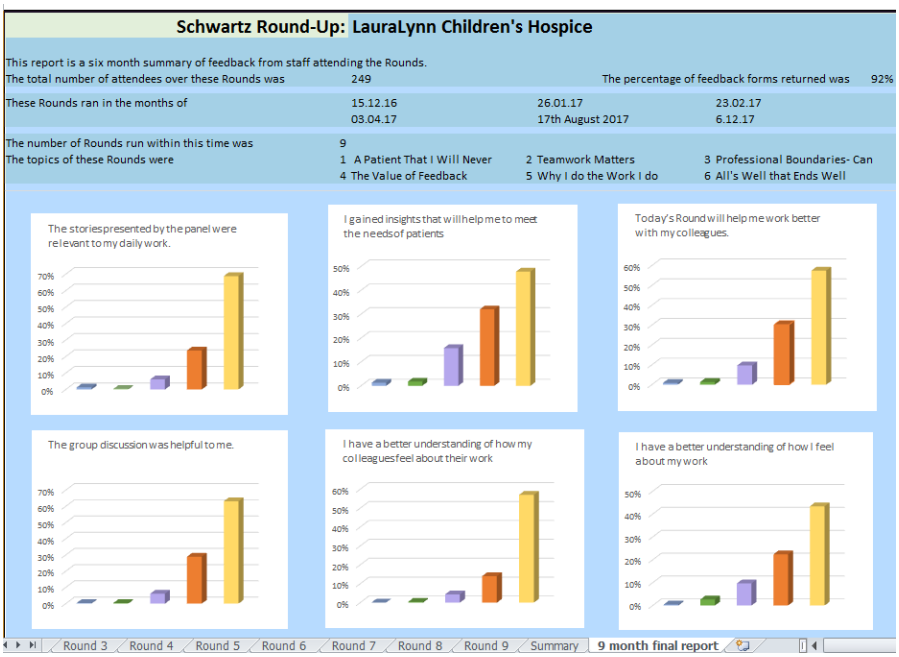


Figure 2.

Interviewing Sample

Interviewee	Clinical/Non-Clinical Role	No. of Rounds Attended	Panellist	Manager	Gender
A	Clinical	3-5	Yes	N	F
B	Clinical	3-5	Yes	Y	F
C	Non-Clinical	1	No	N	M
D	Non-Clinical	5-10	Yes	N	F
E	Non-Clinical	3-5	Yes	Y	F
F	Non-Clinical	3-5	No	N	M
G	Clinical	3-5	yes	N	M
H	Clinical	5-10	yes	Y	F

Appendix 1: Invitation to Participate in Study

Invitation of Participation

Dear Participant

My name is Amanda Vaughan and I am currently undertaking a Masters in Learning & Teaching (Adults) with the National College of Ireland, Dublin. I would be very grateful if you would consider participating in a research study entitled *"Learning through Storytelling: Exploring the impact of Schwartz Rounds on Staff within a Children's Hospice".* The aim of this study is to investigate the impact of Schwartz Rounds on participants and on the organisation within the context of a children's hospice.

The research will take the form of a semi-structured interview which will be audio recorded with your permission. The interview will last for approximately 45 minutes and if you wish to cease it at any stage, that will be completely acceptable. The interview will take place at a time and location that is convenient for you.

If you wish to participate in this study, I would be grateful if you could complete the expression of interest form (enclosed) and return to Fiona Woods, Gatekeeper, (c/o Learning & Development Dept.) by **30th April 2018**. She will then contact you to arrange a time, date and venue for the interview to take place.

I have also enclosed a **Participant Information Leaflet** and a **Consent Form** which I would ask you to read carefully before our meeting.

If you have any questions, you may contact me at email: amandavaughan25@gmail.com or on my mobile phone 0861662767.

Thank you for taking the time to consider being involved in this study and I look forward to hearing from you in due course.

Kind regards

Amanda Vaughan

Appendix 2: Expression of Interest in Taking Part in Study

Expression of Interest.

Dear Amanda

I have received your information pack inviting me to participate in your research study on *"Learning through Storytelling – exploring the impact of Schwartz Rounds on staff within a children's hospice".*

I have read and understand the enclosed participant information leaflet and I wish to express my interest in participating in the study.

I am aware that I can withdraw from the study at any time and at my own discretion. Please find my preferred contact details below.

I look forward to hearing from you in the near future.

Yours Sincerely

Signature: _____

Name (please print): _____

Email: _____

Phone Number: _____

Date: _____

Appendix 3: Consent Form for Participation in Study

Consent Form for Participation

Research Title: Learning through Storytelling; exploring the impact of Schwartz Rounds on staff within a Children's Hospice.

Researcher: Amanda Vaughan

Background to Study:

Schwartz Rounds (Rounds) were developed by the Schwartz Center for Compassionate Healthcare in Boston, USA in 1997 as a format for providing a framework to support and develop the emotional well-being, resilience and communication skills of staff working in healthcare environments. LauraLynn Children's Hospice, became involved with the Rounds in liaison with the Point of Care Foundation in 2016 and at present 10 Rounds have been facilitated at LauraLynn during 2016-18. The impact of the Rounds on the staff in this organisation is the subject of this study. The aim of this study is to enable the researcher to understand if and why the storytelling format and the stories are resonating with staff and furthermore, the exact nature of the impact that these stories and the ensuing discussions during the Rounds, are having on individuals and on the wider organisation. The researcher aims to gain a representation of the experiences of both clinical and non-clinical staff at all levels within the organisation.

To complete this study, the researcher will perform an audio taped interview that will last approximately 45 minutes in a confidential setting. All recordings and transcripts will be issued with a code that will ensure anonymity for the participant. All data will be stored in a secure and confidential location and in accordance with The Data Protection Act 2003 will be destroyed once no longer required for research purposes.

Declaration: I have read the information leaflet provided by the researcher on the nature of this study and understand what is involved in this research. I have been provided with the opportunity to ask questions about this study and all such questions have been answered to my satisfaction. I voluntarily give my consent to participate in this research study and I understand that I may withdraw my consent from this study at any time.

I have received a copy of this agreement.

Participant Name (Please Print): _____

Participant Signature: _____

Date: _____

Statement of Researcher's Responsibility: the researcher has explained in full the purpose of this research study, the procedure it will follow and any anticipated risks to participants. I have offered to answer any questions that the participant may have and to the best of my knowledge the participant is providing full informed consent to participate in this study.

Researcher Signature: _____

Date:

Appendix 4: Participant Information Leaflet

Participant Information Leaflet.

Thank you for considering taking part as a participant in this study; please take a few moments to read the following information before signing the consent from.

Title of the Study

Learning through Storytelling – exploring the impact of Schwartz Rounds on Staff in a Children's Hospice.

What is the Purpose of the Study?

Schwartz Rounds (Rounds) were developed by the Schwartz Center for Compassionate Healthcare in Boston, USA in 1997 as a format for providing a framework to support and develop the emotional well-being, resilience and communication skills of staff working in healthcare environments. LauraLynn Children's Hospice, became involved with the Rounds in liaison with the Point of Care Foundation in 2016 and at present 10 Rounds have been facilitated at LauraLynn during 2016-18. The impact of the Rounds on the staff in this organisation is the subject of this study. The aim of this study is to enable the researcher to understand if and why the storytelling format and the stories are resonating with staff and furthermore, the exact nature of the impact that these stories and the ensuing discussions during the Rounds, are having on individuals and on the wider organisation. The researcher aims to gain a representation of the experiences of both clinical and non-clinical staff at all levels within the organisation.

The researcher is conducting this study in partial fulfilment of a Master's Degree in Learning & Teaching (Adults) with the National College of Ireland, Dublin.

What will the Study Involve?

The researcher will arrange a time to meet with you to conduct an interview on your experience of Schwartz Rounds at LauraLynn. This interview will be held at a time and location convenient for you and will last for approximately 45 minutes. The interview will be on a one-to one basis and will be audio recorded to facilitate transcription at a later date. Your name or personal details will not be disclosed and your participation in the study will be anonymous. All recorded conversations will be destroyed following completion of the study.

Will there be any Risks associated with the Study?

There are no anticipated risks involved in participating in this study. If you should become upset at any stage during the interview, you can opt to recommence at another time or cease participation in the study completely.

If the interview leads you to feeling upset after completion, there are several supports that you can avail of:

- Confidential and independent support via the VHI Employee Assistance Programme
- Speak directly with your line manager regarding the issues that the interview may have raised for you.

Will study participation be confidential?

If you choose to participate in the study, your identity will remain anonymous and the researcher will not disclose your name or any of your personal details. All information discussed within the interview will remain confidential between you and the researcher. The researcher will assign a code

to your interview that will only be known to the researcher and the researcher's academic supervisor. All information and data relating to the study will be kept in a secure and locked cabinet. In accordance with the Data Protection Act 2003 and 2018, the researcher will securely discard all data collected as soon as it is no longer required for research purposes. Any research data gathered from the results of the study may be published; however no information about participants will be used in any way that is identifiable.

Is Participation Voluntary?

Yes, participation in the study is entirely voluntary and you may to choose to withdraw from the study at any time, should you wish, without consequence.

The study has been approved by the Acting CEO of LauraLynn, Ireland's Children's Hospice and the Chair of the Research Ethics Committee at LauraLynn.

What are the Benefits of the Study?

You will be contributing to the formation of knowledge in this area and to an emerging Irish catalogue of research on the Schwartz Rounds.

Further Information:

If you require any further information please feel free to contact the researcher directly at the contact details outlined below or you can contact Fiona Woods (fwoods@lauralynn.ie) who is acting as participant gatekeeper for this study.

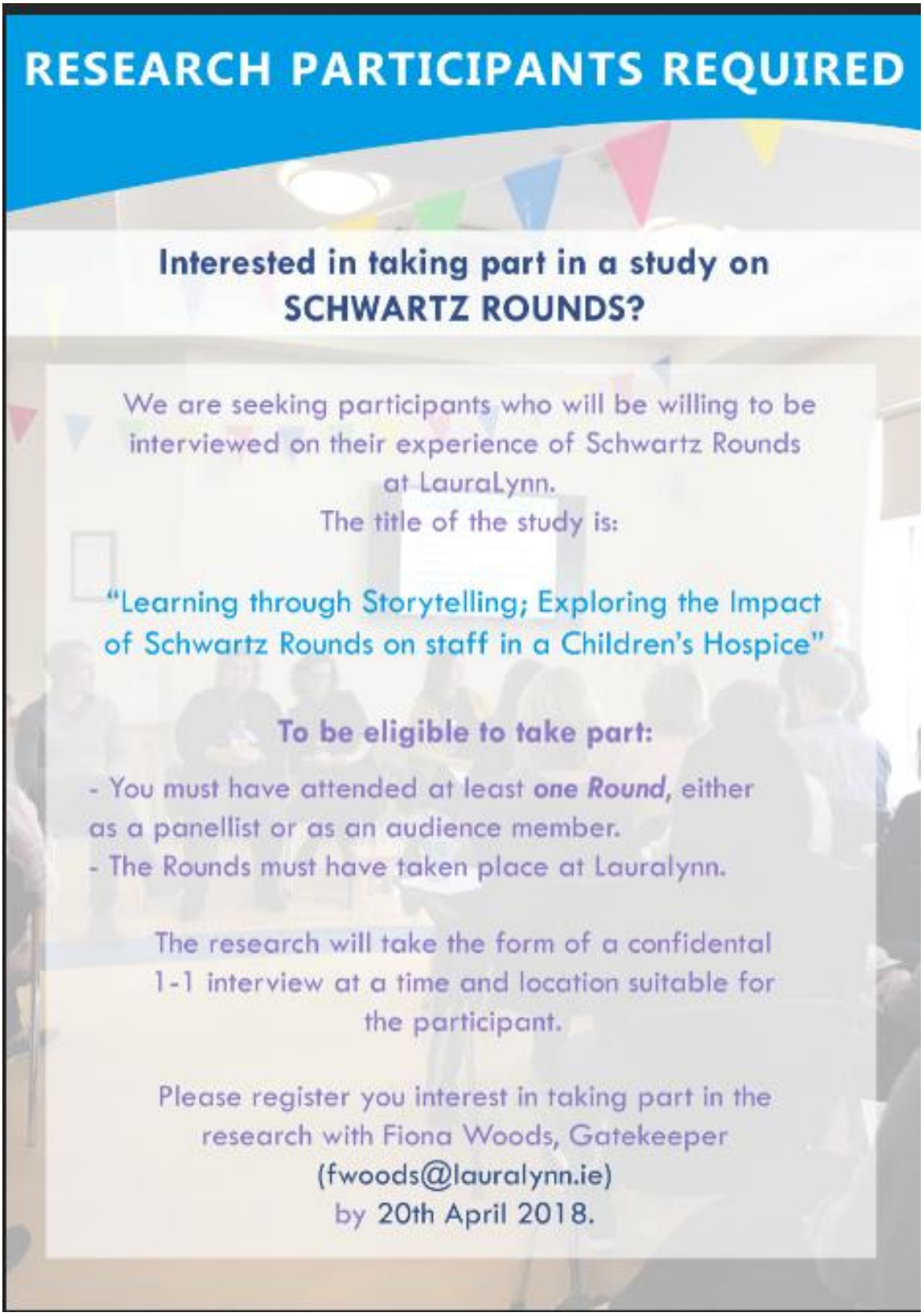
Thank you for taking the time to read this leaflet.

Amanda Vaughan

E: amandavaughan25@gmail.com

T: 086 1662767

Appendix 5. Recruitment Poster



Appendix 6. Sample of Questions used in Interviews

Title of Study: Learning through Storytelling –Exploring the impact of Schwartz Rounds on staff within a children's hospice.

Aim of the Study is:

1. To understand *if* and *why* the storytelling format and the stories are resonating with staff
2. What exactly is the impact of these stories and the ensuing discussions during the Rounds having on individuals and on the wider organisation?

Sample Questions

(Researcher will bring a list of topics & panellists from the 10 Rounds with them to the interview as a prompt if needed).

Initial Open-ended Questions

1. How many Schwartz Rounds have you attended approximately? (1-5) (5-10)? When was the last one that you attended? (for recall purposes)
2. Have you attended as an audience member or as a panellist?
3. Tell me about your experiences of Schwartz Rounds to date? From your initial thoughts and feelings to more recent emotions?
4. How have your thoughts and feelings towards them changed?

Intermediate Questions

1. As you look back on the Rounds are there any in particular that stand out in your mind? Could you describe it? How did this Round affect you personally?
2. Which stories did you find most impactful? Why?
3. What is the value (if any) in sharing these stories with colleagues and peers?
4. What is happening in the Rounds in your opinion?
5. What impact (if any) are the Rounds having on you?
6. What impact do you think the Rounds are having on the organisation (LauraLynn)?
7. What kind of positive changes do you think the Rounds have had on you personally? Are they enduring?
8. What kind of negative changes do you think the Rounds have had on you personally?
9. What kind of positive changes have the Rounds brought about in the wider organisation? Are they enduring?
10. What kind of negative changes have the Rounds brought about in the wider organisation?
11. What kind of changes (positive or negative) have the Rounds created in organisational culture? Would you consider these changes enduring?
12. Could you describe the most important lessons that you have learned through experiencing the Rounds?

Ending Questions

1. What advice would you give to someone who is about to attend their first Round as a participant?
2. What advice would you give to someone who is about to attend their first Round as a storyteller?
3. How would you describe the Rounds overall?
4. Is there anything that you might not have thought about before on the topic of the Rounds that occurred to you during this interview?
5. Is there anything else you think I should know to understand the impact of the Rounds on the individual/organisation better?
6. Is there anything that you would like to ask me?

Appendix 7: Sample of Coded Interview

Initial Coding: Line by Line Coding	
Interview 2 : CK **Attended:** 3-4 Rounds Panellist and Participant	**Age:** 45-65 **Gender:** Female **Role**: Clinical
Q. Tell me about your experience of Rounds to date.	
Well I have attended Rounds in LauraLynn as well as in New York so I was kind of familiar with them, the format and how they ran.	Prior experience of Rounds
Previously I had only been a participant I had not been a panellist so when I volunteered to be a panellist that was a big jump for me.	A stretch for her to be a panellist
Overall I enjoy going to the SR, they are just really helpful for me from so many aspects. For instance just seeing the people that I work with getting to know them on a really deeper level, like they are sharing such intimate stories, things that wouldn't come up across the lunch table or coffee and it takes a lot of courage to do that and I think you are seeing a whole different aspect to the person and I think that was important for me to volunteer as a panellist to.. I think we all help each other by being a bit more open and sharing a story and hopefully someone can learn from your story or take something out of it. I don't really know if that answers your question Amanda or not...will I keep talking?	Impact of Rounds Getting to know colleagues Personal aspect of stories told Not habitual content Role/person perception Openness Learn from stories
Q. You say that you manage to see people on a "different level" – what is the meaning of that?	
Well because being part of the Home Team I'm not in LauraLynn very often and communication with people in-house is not always face to face and that is my preferred method of communication. I'm not so great on the telephone, pretty good listener but I just prefer the face to face communication, so it was just good to sit like with some of the panellists recently and you know I know that maybe they have done things in their past lives and have had lives before they came in to LL but I have a different…afterwards I suppose I treated them differently- you know because we all think our own problems are just paramount but you are thinking what these people have gone through and we are always thinking about the children we care for and the parents and the families and what they go through… but we are not so gracious or so kind sometimes to one another, for instance we make judgements, we make comments for example "oh I just saw blah blah in Reception and she was grumpy" but we are not thinking why – you know we would give parents a pass with that but we are not so gracious with one another sometimes at work. So you are really thinking that they have been through such an awful lot, we should be a little bit kinder, a little bit more understanding. A little less judgemental...	Types of communication in the hospice Personal preference for communication Treating colleagues differently post-Rounds How we treat service users Can be unkind or judgemental of colleagues Reasons behind behaviours Need to be kinder to each other
Q. What does "treating them differently look like?"	
For me it was..my mouth engages before my brain engages.. for example, like if I met someone in the corridor and he/she did not greet me although I said hello now I would probably stop to think well maybe they didn't hear me, maybe they were distracted, and I jump back to that..just remember..just remember. Don't go back to the office and say "I can't believe that so and so didn't greet me in the corridor you know, so I think it is just that what I'm trying to do,	Self-awareness Previous behaviours Impact of Round/behavioural

though not always successful that's the difference I think.	change
Q. And in terms of what is happening in the Round that is creating this change, what do you think that is?	
I think it is a safe environment, it's clear like as a panellist you are aware that you are going to share this very intimate story and there is a fear that someone in the audience may talk about this after and that is my fear because you are really sharing something very intimate with people..and some of them are visitors..but it's really clear at the onset with the introduction that this is a confidential space that nothing is to leave the room but of course you can reflect back on it but you are just making it a really safe place. And it's a little bit like debriefing because like what I was saying about meeting people in the corridor…hopefully people will see me differently and think oh that's why she ..for instance my story was about my husband's long hospitalisation.. I still hate going in to that hospital but I have to go but you know maybe some people in the audience will go like "oh I didn't realise that that had gone on"…like I wouldn't have shared that... my team members might have known that something had gone on ..probably most of them didn't know that I didn't like going in…I just went with the odd comment but I felt that I could share this...it is a safe place and I don't feel like I am being judged. I think it's useful to say this is who I am…I try to show all of you this is who I am and forgive me for all the times that I was grumpy...going to hospital but this is the reason why…so it is a great forum for sharing stories and as much as we learn in nursing and medicine and physio and all the health sciences we learn...this sort of stuff you can't learn out of a book…very human experiences.	Safety and Trust Personal stories Fear of disclosure/fear of being judged Structure of Round denotes the safety of the space Debriefing similarity Need to be perceived differently by colleagues Impact of her disclosure Safety of Rounds The real me Explanation for my negative behaviours at times Medical Curriculum doesn't cover this learning
Q. Back to point about medical education..is SR a departure from regular healthcare curriculum?	
Well I wouldn't be able to answer that.. I can only answer with the information I have even though I have been a nurse for so long and have done postgraduate education..from the beginning now maybe it is different and I know from experiences in different countries there has been even in medicine that you need your anatomy, you need your physiology but there is a lot of narrative now going on..storytelling and reflection because again some of the wisest physicians that stood by were the ones that told you those little stories and experiences you know and how they learnt from them. That stuff is just..it's like your grandparents you know, sharing that wisdom, you are going to have to learn the hard way in 30 years or someone can share it with you now, thirty years earlier. So I think there is more a slant towards what people call "the softer side of medicine" but it broadens things you know – how we deal with the people we care for. I hope it becomes more.	Need the technical aspects of the curriculum but also the narrative Learning by stories of peers while in training – signature pedagogy Knowledge management in organisations Broader aspect of education
SR – a lot of wisdom because you have people coming from different backgrounds different countries maybe ...some of the panellists have shared previous professions and how they have struggled to leave one part of their life which is a huge part of their life to become a completely different person and it so ..you hear the emotion in their voice..as well as seeing it.. cause it's still quite	Wisdom – learning from others – cultures, professions Personal journeys Role of emotion in

raw..I guess it is a sense of healing too.. you can get something back from it too because people go up to the panellist afterwards and sort of say "my gosh I never knew"..."It took such courage and thank you for sharing and you go off afterwards reflecting on that..months later.	storytelling Impact on storyteller Reflection
Q. Tell me about your own experience as a panellist?	
The first...you volunteer then you start to panic a bit...oh my gosh I don't have a story..I don't have a story and I think between all...yourself, Ailie , Aidan, you think is this good enough? I suppose you want the blockbuster panellist and they are like no this is really good..I was just talking to someone about being a panellist..but you know we can go back to that..but for me..then it was the feeling ok this is fine I can do this..and it was really helpful to have rehearsals ..and you don't think you need to rehearse you think I know my story but in fact the first rehearsal for want of another word went quite well but the second one I fell apart because it did not capture everything was needed and the people in charge were saying remember the first time you mentioned this so it sort of prompted you to remember that was your important part you wanted to share so that was good to have those two rehearsals... of course that morning you feel so nauseous but of course once you start speaking , because there is so much support…you are there together...once you start speaking it just flows, in fact the 5 minutes doesn't seem long enough you could talk for half an hour.. I'm ok with the silence although some people aren't but I think it is ok to let people know that it is ok just to sit with it because some of those stories recently were just so powerful that you needed to just sit there and take that moment for it to sink in and think my gosh what an experience…so overall it was positive.	Initial reaction to being a panellist Dramatic element Self-talk Benefit of practice Unpredictability of individual's emotions when telling the story Physical effects of storytelling Role of audience Time passes quickly Role of silence Reflective silence Positive experience
I thought there was lots of support and there was support afterwards like that mini-debriefing like everybody is relieved that it is over but you also feel quite proud of yourself like ok like public speaking is one of the most fearful things…it is different if you are reading in church and it is all in front of you…but when you are up there.. and I think it is good to have a few little notes, a few index cards. to. .no it was a positive and I think that it leads by example – if she can do it, I can do it.	Post Round support Feelings of Relief Fear of public speaking Study aids Role modelling
Q. Feeling relief and what else?	
There was a feeling still of how people would view me .. I don't I was judged but I think that you will always think what will people think of me.. that story was ridiculous or ..please it was only a hospital but it did..it was brief you know it was gone it didn't linger after that...but again people came up to me and said "well done thank you".. you know you are offloading...a little cathartic. .actually very cathartic toc cause I guess it's like talking about a death there's only a few times that the same people want to hear you talking about a certain event and this was a whole new audience so I guess it was like I have a captive audience of 50 here so I can tell my story again...but it was cathartic.	Being judged Short lives Gratitude from listeners Cathartic effect Similar to talking about a death/people tire of hearing the same story
Q. Why did you chose that story?	

I think it was because it was it did have such an effect on myself and my husband and there was three months ..in the grand scheme of things and with our children here it wasn't that much but if you dislike hospitals as my husband does and how it can...it was the emotion and also the anger. .I was so angry that the way he was spoken to and treated and disrespected you know.. that I thought I don't treat my patients or my families like that ..you know I was really like the lioness in the cage and when they came in to the room I was just ready for them.. I was ready like. .he can't speak for himself because he is just so stunned and I thought I need to share this because the duty to care for people. .I was just so angry about it. .still so angry about it. You know how dare you? So I just wanted to saw that all the times you come to. .just listen. .to the parents or the child ..just listen. .it is so important to actively listen and listen to what they are saying because if they had listened he would have had the operation two weeks previously and wouldn't be there.. and I was angry but of course we forgive, we move on but still those repercussions will last for the rest of his life but that's something we just have to move on from on.. but I just want to say that it is important to listen.	Impact of an experience on her/partner Emotion and anger of the situation Lack of respect for patient Protective towards partner Obligation of care Emotion still present after time Importance of listening to the patient Long term effects of experience on her partner
Q. What other stories had an impact on you?	
For me it was the last topic the Fight or Flight..everyone of those panellists..the stories they told...I mean I had no idea…like blah blah down the hall was a social worker... but she had a whole experience in a different culture and I've done volunteer work but that was really like...and then to listen to F's story and I think…Thomas story was really powerful but F's story I could really relate to because last October one of my, our little children died and he is a twin and it took me after 30 odd years of nursing.. it hit me like a brick wall that...for whatever reason and when she talked about this young woman who had it all together on the periphery and clearly didn't.. that's when I said that could have been me…you know you look back and you think why did this particular event impact me and I thought again with SR I could share that the impact that…I think my team members thought I had a bit of a wobble as we called it but it was a serious wobble it was a very serious wobble for me because I just kept replaying it like a video tape ..you know the whole event because the grief was so raw and again it was good to share that as a participant as someone else in that room...because children do die and I was struggling because I could just not see a way out…it was like there is something not right here…not right and it just shows you if you have resources you know we have the psychologist here, we have clinical supervision, we have friends and people would just say "mind yourself" but I didn't know how to mind myself ..you know I didn't know what to do...it's more than getting your hair done...I talked about that young lady who just fell apart and disappeared and I thought my God how close we all could be…so sharing her story you are hopefully that will trigger something that ..you know I don't think I'm in the best form either...I maybe should talk to someone, take leave or whatever so I think that is really the value of it..	Seeing another side to colleague Starts storytelling herself Impact of an event Personal impact of the story Resonated with her SR enabled her to share Personal toll of a patient experience Self-awareness Supports available Self-care Mental health Learning from the story

Q. How long have you been here? 2015. **Q. Can you describe the culture here?**	
The home team because I do my work in the home team are a very tight little bunch and are very supportive for one another and I think that culture has been inbred and it is very positive. I think there is a door that's opened..I think the culture has changed a little bit but it would be…I couldn't give a really clear answer because I don't work in house but I think people are really trying.. I think the ultimate thing that needs to be established is trust and I think that trust without the SR could not be replicated…that's the whole premise of a culture is that trust in so far as I can say what I need to say and it is dealt with in the correct way and I think that trust has to be established and you know in the SR if you as a panellist can share your story here and someone who wasn't there or a family recalls your story who you didn't share it with then you know..but I've not heard anything about that after the SR I've only heard that SR was good and the stories very powerful but there wasn't the I can't believe he did this or she said that"...no there wasn't that gossipy type...it was all very positive..."oh I wish I'd gone, I'm sorry I missed it ". So I think there is a push to change the culture and this is one aspect of helping it along its way.	Own team culture positive Rest of organisation – Attempts being made to change culture Role of trust Definition of what trust is in an organisation SR inculcates trust SR one way of helping to change culture
Q. What advice would you give to someone storytelling?	
Interesting, I was just having a cup of team and I was talking to someone who is considering telling her story and she asked me what it was like to be a panellist and she was sort of panicking and she is frantically looking for the story. So I just said it doesn't have to be...just think back...talk to family members…your experience could be anything in your childhood it doesn't have to be nursing ..she told a story and I said that's a brilliant story and she said I know but...and I said we need more nurses to be courageous to speak up about the errors we make... and it was about an error that she made and I said we've everyone of us all made errors, or we are about to make an error and sharing that story is so important because we all have the same response feeling of oh my gosh I'm so nauseous, I'm going to vomit I've made a mistake and now I'm going to have to tell 3 people about it and that's how we all become better people…I told her about a story about a neurosurgeon that I had heard and who spoke to a large audience several thousand about a mistake that he had made operating on the wrong side of the brain and he stood up and he had to explain to the family and how the mistake had occurred and a lot of it is pride, or not listening to somebody or dressing you know…there's a lapse in concentration…nobody goes into healthcare to harm anybody I told her…we are human but you know it shows a humanity when you share a story and I hope that you share it because you will get lots of support and I said if I'm there I will share my stories of making 33 years of mistakes and continuing so I hope she does..that's Value of storytelling? It's an art of telling a story and some people definitely have that you know when you can picture yourself ? You know some of the	Role modelling Supportive of other panellists Sense of oneness Reactions to making a mistake Self-development Started storytelling Humanity in story sharing Role modelling Storytelling as a performance

panellists like for instance Thomas."I was in London" and you could just like I had this visual that it was a grey rainy day, all those English accents..here's this man lost in London..you know didn't know where to go didn't have friends.. you almost got the whole sense of the environment he was in..and the story telling is non-threatening and you feel you could just ask a question like… you ask your patients questions and you ask how did you feel and you want to know I felt nauseous, I had a headache and you want to know…you just could imagine exactly where he was Thomas at that time...and how low and how dark and there's stuff like that it's like reading a book when you have a good author ..you are actually in that place with them and you forget ..you jump back out and it's like "oh I was really captured".	Involvement in the story Novel/escapism in immersion in the story
Q. What do you think of the Rounds overall?	
Well I really enjoy them and I would like to go to every one of them but I don't often get the opportunity…it's like a really bright light on the horizon, it has been one of the ..we've had "Share & Learn" and stuff like this but that's beyond "Share & Learn"...there is always a lesson to take away from it you know you go back and you reflect on your life and their life and you learn from them...you get the story but you also get a little lesson at the end you know.	Personal enjoyment of Rounds – as a beacon Lessons learnt Reflection
Q. What do you mean by Lessons?	
Most of us going through this life we all need each other and not to be so judgemental and to be a little bit more patient and understanding and to ask for help..to ask for help and to recognise your co-workers that they can be struggling...we have a small team and we notice that because we are so small but beyond that someone you might bump into...a kind word is very little…but just be a little kinder, a little more thoughtful.. you know we say this is our vision and our mission for our children and our families but I feel sometimes that the focus should be on them but without the team behind them you won't have a hospice and I think it's a little unbalanced. Not to be selfish but without the team here there would be no children that could come in to LL and every single person in the organisation is valued...every single person and I think that because what I've noticed here that for a small organisation there is a lot of hierarchy and it needs to be a little flatter at the end of the day when I walk out the gate I'm just Carolyn and on my grave it is not going to say "nurse extrordinaire"...you know it's just going to say me...my job is not who I am so…the lesson – just get back to basics…sometimes we like to hide behind our credentials and our degrees but the smartest people sometimes on the panel don't have lots of letters after their name but just true wisdom and empathy..	Supportive of each other Ask for help Mindful of colleagues Kindness Role of the team in delivering the organisational vision Value all in the organisation Hierarchical nature of organisation Person behind the role Wisdom can come from unexpected sources
Q.Anything else?	
No I hope they continue…the Rounds and this should…regardless…it is a priority and I hope the research shows that…impact...paying somebody for a few hours work has such an impact on the staff and it's just getting everyone together in the one room ..it's good for the visitors too to come in and see how the organisation is – just sit back and take it all in because you are really seeing us as our bare	Importance of the Rounds Positive impact on staff and on organisational image Seeing the organisation warts

bones there...there is no hidden agenda...there is no we'll do the "grand tour"...you are seeing people...that has a good impact on visitors too.	and all – honest picture

Appendix 8: Sample of Clustering

Appendix 9: Sample of Axial Coding